

PREA Facility Audit Report: Final

Name of Facility: Midlands Regional Evaluation Center

Facility Type: Juvenile

Date Interim Report Submitted: 03/03/2025

Date Final Report Submitted: 05/27/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Sonya Love

Date of Signature: 05/27/2025

AUDITOR INFORMATION

Auditor name: Love, Sonya

Email: sonya.love57@outlook.com

Start Date of On-Site Audit: 05/13/2024

End Date of On-Site Audit: 05/14/2024

FACILITY INFORMATION

Facility name: Midlands Regional Evaluation Center

Facility physical address: 1721 Shivers Road, Columbia, South Carolina - 29210

Facility mailing address:

Primary Contact

Name:	James Smith
Email Address:	JamesESmith@djj.sc.gov
Telephone Number:	8038964757

Superintendent/Director/Administrator	
Name:	James Smith
Email Address:	JamesESmith@djj.sc.gov
Telephone Number:	8038964757

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Detarsha Buckmon-Bamberg
Email Address:	DetarshaDBuckmon-Bamberg@djj.sc.gov
Telephone Number:	8038966073

Facility Characteristics	
Designed facility capacity:	114
Current population of facility:	59
Average daily population for the past 12 months:	64
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-19
Facility security levels/resident custody levels:	2 (Admission/Evaluation)
Number of staff currently employed at the facility who may have contact with residents:	76
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	22

AGENCY INFORMATION	
Name of agency:	South Carolina Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	4900 Broad River Road , Columbia , South Carolina - 29212
Mailing Address:	4900 Broad River Road , Columbia, - 29212
Telephone number:	8038969749

Agency Chief Executive Officer Information:	
Name:	Executive Director Eden Hendrick

Email Address:	EdenHendrick@djj.sc.gov
Telephone Number:	803896590

Agency-Wide PREA Coordinator Information			
Name:	Niaja Kennedy	Email Address:	njkenn@scdjj.net

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.331 - Employee training
Number of standards met:	
41	
Number of standards not met:	
1	<ul style="list-style-type: none"> 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-13
2. End date of the onsite portion of the audit:	2024-05-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Trauma Services of the Midland

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	114
15. Average daily population for the past 12 months:	59
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	60
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	MEC is a diagnostic and evaluation center with a fluid population. The facility does not track specific populations.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	76
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Custody staff was minimal during the onsite portion of the audit. SCDJJ continues to recruit aggressively and provide employment incentives to attract staff to the agency and improve retention.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	19
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random youth were sampled by considering various factors such as living situation, victimization history, reporting history of sexual abuse, and gender identity.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Random youth were sampled by considering various factors such as their living unit, history of victimization, reporting history of sexual abuse, gender identity, and existing disability. This Auditor met the minimum requirements outlined in the Auditor's Manual.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Interview with PC, Compliance Specialist, PCM, medical and mental health practitioners to determine if the specific population type exist in the population.</p>
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Interview with PC, Compliance Specialist, PCM, medical and mental health practitioners to determine if the specific population type exist in the population.</p>
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>

42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interview with PC, Compliance Specialist, PCM, and medical and mental health practitioners to determine if the specific population type exists in the population.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Interview with PC, Compliance Specialist, PCM, medical and mental health practitioners to determine if the specific population type exist in the population
44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interview with PC, Compliance Specialist, PCM, medical and mental health practitioners to determine if the specific population type exist in the population.</p>
<p>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interview with PC, Compliance Specialist, PCM, medical and mental health practitioners to determine if the specific population type exist in the population.</p>

47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 371 1469 533"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="815 577 1469 658"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>Following discussions with the MEC facility staff, the PREA Compliance Specialist, and the Validation Administrator/PREA Coordinator, the Auditor concluded that the small number of identifiable youth meeting the criteria for the targeted population led to minimal sampling. Additionally, the facility's mission and the fluidity of the population contributed to fewer targeted youth being sampled. As a result, more random youth were sampled during this audit.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	This Auditor included a review of segregation during the facility audit. Zero youth were being held in segregation for PREA-related allegations of sexual abuse or sexual harassment.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	Following discussions with the MEC facility staff, the PREA Compliance Specialist, and the Validation Administrator/PREA Coordinator, the Auditor concluded that the small number of identifiable youth meeting the criteria for the targeted population led to minimal sampling. Additionally, the facility's mission contributed to a low number of targeted youth samples. As a result, a larger number of random youth were sampled during this audit.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	9
52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

If "Other," describe:	Contract custody staff
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input type="radio"/> Yes <input checked="" type="radio"/> No
53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)	<input type="checkbox"/> Too many staff declined to participate in interviews. <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Not enough custody staff were available.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	15
56. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No

56. Explain why it was not possible to interview the Agency Head:	The agency designated the SCDJJ Chief-of-Staff for this interview.
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☒ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☒ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

72. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	19	0	19	0
Staff-on-inmate sexual abuse	4	0	3	1
Total	23	0	22	1

73. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

74. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0	0
Total	0	0	0	0	0

75. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	9	6	3	1
Staff-on-inmate sexual abuse	0	2	1	1
Total	9	8	4	2

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

76. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

77. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	4	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	5	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

23

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	19
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

1

92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.311 (a): An agency shall have a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.311 (a)-1 SCDJJ confirmed that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities where it operates directly or under contract.</p> <p>As indicated in PAQ 115.311 (a) SCDJJ, the agency has a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth-on-youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with a youth. According to the said policy, SCDJJ staff will promptly respond to and investigate all allegations/reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with a</p>

youth. It will cooperate with and support prosecuting all responsible parties involved in such conduct. [Also see SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards].

By examination, SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 1, page 1, also outlines the agency's implementation plan. The policy refers readers to SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, which establishes zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated by or operated under contract with SCDJJ. [PREA Standard(s) §115.311(a), §115.312 (a) (b)].

PAQ 115.311 (a)-2 Midlands confirmed that the facility has a policy outlining how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

By examination and review of SCDJJ, Policy 321, Prevention of Sexual Offenses Toward Youth, pages 1-19, this Auditor confirmed that the facility has a policy to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

PAQ 115.311 (a)-2 SCDJJ confirmed "yes" that the facility has a policy outlining implementing the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

By examination, this Auditor confirmed that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, outlines how to implement the agency's/facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Further, by examination, SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 2, page 1, indicates that SCDJJ Validation Administrator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)].

PAQ 115.311 (a)-3 SCDJJ confirmed "yes" that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Examination of evidence provided by the agency omitted definitions of prohibited behaviors regarding sexual abuse and sexual harassment. This required corrective action; however, the agency submitted the definition of prohibited behaviors regarding sexual abuse and sexual harassment during corrective action.

By examination, SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards, Section A, Subsection 3, page 1, indicates for each facility SCDJJ

operates and contracts with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility's day-to-day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution. [PREA Standard(s)§115.311].

During an interview with the agency Validation Administrator/PREA Coordinator, she confirmed that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, page 1, supports compliance with this substandard. The policy applies to the SCDJJ Detention Center, Evaluation Centers, Broad River Road Complex, and all contracted alternative facilities.

By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, does not contain definitions of prohibited behaviors regarding sexual abuse and sexual harassment. However, the SCDJJ Validation Administrator/PREA Coordinator provided this Auditor with definitions of prohibited behaviors regarding sexual abuse and sexual harassment in a document termed General Definitions for PREA Standards, Attachment 321A, pages 1-2, to confirm compliance with this substandard.

PAQ 115.311 (a)-4 Midlands confirmed that the policy includes sanctions for those found to have participated in prohibited behaviors.

By examination of SCDJJ Policy 336 Application of PREA Standards Section G., Investigations Subsection 3, page 9, this Auditor confirmed that SCDJJ Policy 228, Progressive Employee Discipline, indicates that the presumptive disciplinary action for staff who engage in sexual relations with a youth is discipline for the misbehavior {PREA Standard (s) 115.378}.

SCDJJ Policy 336 Application of PREA Standards Section G., Investigations Subsection 5, page 9, this Auditor confirmed that who willingly has any youth who willingly has a sexual relationship with a staff member, another youth, contractor or volunteer will be subject to discipline consistent with SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.378].

115.311 (b): An agency shall employ or designate an upper-level, agency-wide Validation PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.

PAQ 115.311 (b)-1, SCDJJ confirmed that the agency employs or designates an upper-level, agency-wide PREA Coordinator.

An interview with the SCDJJ agency's Validation Administrator/PREA Coordinator confirmed that the agency employs an upper-level, agency-wide Validation Administrator/PREA Coordinator called the SCDJJ Standards Manager. During her interview, the Validation Administrator/PREA Coordinator confirmed that the agency has a policy that provides the position of SCDJJ Validation Administrator/PREA Coordinator with full authority for developing, implementing, and overseeing the

Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)].

115.311 (b)-2 The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with its facilities' PREA standards.

During her interview, the Validation Administrator/PREA Coordinator confirmed that she has sufficient authority to develop, implement, and oversee agency efforts to comply with its facilities' PREA standards.

115.311 (b)-3 The position of the PREA Coordinator in the agency's organizational structure.

By examining the SCDJJ agency's organizational chart, this Auditor determined that the Validation Administrator/PREA Coordinator position reports to the Office of Continuous Quality Improvement. The Office of Continuous Quality Improvement reports to the Chief of Staff, and that position reports to the Executive Director, Agency Head.

Further, by examination, this Auditor determined that SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 2, page 1, indicates that SCDJJ Validation Administrator has full authority for the development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)]. By examination of the agency's website, this Auditor confirmed that the SCDJJ operates more than one facility, and each facility has a designated PREA Compliance Manager.

115.311 (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Section A, page 1, indicates that each SCDJJ and contracted facility will designate a PREA Compliance Manager with sufficient time and authority to manage each facility's efforts to comply with the PREA Standards under the guidance of the agency's standard manager. The Auditor determined that SCDJJ operates multiple facilities by examining the agency's website.

PAQ 115.311 (c)-1, SCDJJ Midlands, confirmed the designation of a facility PREA Compliance Manager.

During the interview, the Compliance Manager explained that the role and responsibility for PREA were delegated to the Assistant Facility Administrator. However, the facility section of the OAS omitted the name of the individual who holds that position. During an interview with the PCM, he confirmed that he had been designated as the PCM for Midlands.

PAQ 115.311 (c)-2 The PREA Compliance Manager has sufficient time and authority

to coordinate the facility's efforts to comply with the PREA standards.

In an interview with the PCM, he confirmed that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

PAQ 115.311 (c)-3, the SCDJJ Midlands indicates that the position of the PREA Compliance Manager is not in the agency's organizational structure:

During the interview, the PCM confirmed his dual role as AFA PCM. He verified that she possesses the time and authority required to fulfill his PREA-related responsibilities for the facility. The role of PCM is represented within the facility's organizational structure.

PAQ 115.311 (c)-4 The person the PREA Compliance Manager reports to.

SCDJJ Midlands PCM confirmed that, as the PREA Compliance Manager, he reports directly to the Facility Administrator for all PREA-related issues.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth (effective date 05/05/2021)
3. General Definitions for PREA Standards, Attachment 321A, (effective date 03/ 00/2022) (Corrective Action)
4. SCDJJ Policy 336, Application of PREA Standards (effective date 05/05/2021)
5. SCDJJ Policy 228, Progressive Employee Discipline
6. SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline
7. Interview with the facility AFA/PCM
8. Interview with the Validation Administrator/PREA Coordinator

Corrective Action:

115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, does not contain definitions of prohibited behaviors regarding sexual abuse and sexual harassment. This substandard requires corrective action. SCDJJ will upload attachment 321A, General Definitions for PREA Standards. Update submitted.

Conclusion:

The Auditor's analysis and reasoning show that this standard meets compliance.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.312 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>PAQ 115.312 (b)-1 The South Carolina Department of Juvenile Justice confirmed that all of the above contracts require the agency to monitor the contractor's compliance with PREA standards.</p> <p>According to the South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Section A, Page 1 indicates that each SCDJJ and contracted facility will designate a PCM with sufficient time and authority to manage each facility's efforts to comply with the PREA Standards under the guidance of the agency's standard manager.</p> <p>Further, the South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Sections B, SCDJJ Facilities, page 1, indicates that Policy 321 applies to the SCDJJ Detention Center, Evaluation Centers, Broad River Road Complex, and all contracted alternative facilities. Section C of SCDJJ contractual agreements with private agencies or other entities includes non-negotiable language obliging an entity to adopt and comply with the PREA standards.</p> <p>115.312 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>DJJ has developed various community-based residential services (9) to keep youth in the least restrictive environment. According to the agency contract administrator, any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. While the contract administrator provided evidence of Section C, language obliging an entity to adopt and comply with the PREA standards omitted was required, as well as a select contract with an indication of the relevant page/section. This substandard requires corrective action.</p>
	<p>Low Country</p> <p>Beaufort Marine Institute 60 Honeybee Island Rd, Seabrook, SC 29940 (Beaufort County) Males, 30 beds</p> <p>Midlands</p> <p>Camp Aspen 5300 Broad River Rd, Columbia, SC 29212 (Richland County) Males,</p>

30 beds

Gateways | 1748 Shivers Road, Columbia, SC 29210 (Richland County) | Males, 12 beds

Pee Dee

Camp Bennettsville | 620 Marlboro Rd, Bennettsville, SC 29512 (Marlboro County) | Males, 20 beds

Camp Sand Hills | 2381 Campbell Lake Rd, Patrick, SC 29584 (Chesterfield County) | Males, 30 beds

Georgetown Marine Institute | Highway 17, East CCC Rd, Georgetown, SC 29440 (Georgetown County) | Males, 30 beds

Upstate

Generations (Bridges) | 820 Dunkilin Bridge Rd, Simpsonville, SC 29680 (Greenville County) | 26 beds

Piedmont Wilderness Institute | 20238 Highway 72, Clinton, SC 29325 (Laurens County) | Females, 20 beds

Camp White Pines 1 | 742 T. Bishop Rd, Jonesville, SC 29353 (Union County) | Males, 40 beds

Camp White Pines 2 | 780 T. Bishop Rd, Jonesville, SC 29353 (Union County) | Males, 20 beds

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth (effective date 05/05/2021)
3. SCDJJ General Definitions for PREA Standards, Attachment 321A, (effective date 03/00/2022)
4. Interview with the facility AFA/PCM
5. Interview with the agency Contract Administrator
6. Sample contract review, RFP for Marine Camp, Camp Aspen) (contract issued 06/10/2020)
7. Sample contract review, RFP for Piedmont Wilderness Institute (contract issued 03/27/2020)
8. Sample contract review, email dated 02/09/2024 regarding contract request.

	<p>Corrective Action:</p> <p>The narrative above includes a comprehensive discussion of all the available evidence for this reporting period to determine compliance.</p> <p>Conclusion:</p> <p>MEC meets this standard.</p>
--	--

115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Does Not Meet Standard</p>
	<p>Auditor Discussion</p> <p>115.313 (a): The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>PAQ 115.313 (a)-1 SCDJJ confirmed that the agency shall ensure that each facility it operates develops, implements, and documents a staffing plan that provides for adequate staffing and, where applicable, video monitoring to protect residents against sexual abuse.</p> <p>By examination, this Auditor confirmed that SCDJJ Midlands developed a Facility Staffing Plan for the Midlands Evaluation Center. Problematic, based on the examination of the staffing plan, the Midlands staffing ratio is insufficient to meet adequate staffing ratio requirements as outlined in Standard 115.313, 1:8 waking hours and 1:16 sleeping hours. The staffing plans fail to consider institutional programs occurring on a particular shift, the number and placement of supervisory staff, and the applicable State or local laws, regulations, or standards. This substandard requires corrective action.</p> <p>PAQ 115.313 (a)-2 The facility confirmed that the average daily number of residents has been 64 youth since August 20, 2012, or the last PREA audit, whichever is later.</p>

During the on-site review, the Auditor compared the Midlands written staffing plan with the following observations: to determine if the staffing plan adequately assesses the facility's staffing and electronic monitoring needs with sexual safety in mind, if the facility is staffed according to the plan, and if deviations from the plan have been documented. The facility tour included areas such as living units, medical, clinical services, and education. Based on the examination of the staffing plan, it was determined that the Midlands staffing ratio is insufficient to meet the requirements of this substandard. As a result, this is problematic, and corrective action is required for this substandard.

An interview with the Facility Administrator confirmed that the daily average number of youth in Midlands had been approximately 64 since the last PREA audit.

An interview with the facility PCM confirmed that the daily average number of youth in Midlands has been approximately 64 since the last PREA audit.

According to PREA standards, juvenile facilities are required to establish and maintain minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours. Staffing ratios must be maintained constantly and in every area of the facility. During the facility tour, this Auditor examined and observed the number of staff and contractors onsite (including security and non-security staff) and staffing patterns during every shift, including in the housing units in room isolation when necessary for administrative/disciplinary segregation and protective custody.

There were zero volunteers present.

PAQ 115.313 (a)-3 Midlands confirmed that since the last PREA audit, the average daily number of residents on which the staffing plan was predicated has been 114.

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan.

In an interview with the Facility Administrator, the administrator confirmed that Midlands has a staffing plan and that the plan considered factors such as whether the staffing levels were adequate to protect youth against sexual abuse, generally accepted detention and correctional practices, the number and placement of supervisory staff, and institutional programs occurring on a particular shift. The staffing plan is checked against the daily shift roster to determine compliance with the staffing plan. Midlands documents all deviations of non-compliance from the staffing plan by completing a SCDJJ Deviation From Staffing Form (effective date 10/2023). The documentation also includes an explanation for non-compliance.

In an interview with the PREA Compliance Manager, the PCM confirmed that the facility staffing plan considers all 11 criteria in this standard, such as all components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated), generally accepted youth detention and correctional/secure residential practices, and adequate levels of staffing and, where applicable, video monitoring, to protect youth against sexual abuse.

PAQ 115.313 (b)-1 The facility documents and justifies all deviations from the staffing plan each time it is not complied with.

According to a select sample of documented SCDJJ Deviation From Staffing Plans provided by Midlands between October 2023 and March 2024, Midlands deviated from the staffing plan and documented the deviations. Midlands justifies each deviation: "There needs to be more staff, with over 80% of staff having less than six months of experience."

SCDJJ Deviation From Staffing Plan 03/17/24-03/17/24

SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023 AM

SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023

SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 AM

SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 PM

PAQ 115.313 (b)-2 Midlands confirmed the six most common reasons for deviating from the staffing plan in the past 12 months: understaffing.

During an interview with the Facility Administrator, the administrator indicated that maintaining adequate staff levels was challenging. The Validation Administrator/ PREA Coordinator also indicated that SCDJJ continues to recruit, hire, and train new staff. Moreover, SCDJJ onboards new staff twice monthly and offers signing and retention bonus incentives.

Staffing remains an issue for this agency.

115.313 (c): Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

PAQ 115.313 (c)-1 Midlands confirmed "yes" the facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

According to a select sample of documented SCDJJ Deviation From Staffing Plan forms provided by Midlands between October 2023 and March 2024, Midlands deviated from the staffing plan and documented the deviations. Midlands justifies each deviation: "There need to be more staff, with over 80% of staff having less than six months of experience."

SCDJJ Deviation From Staffing Plan 03/17/24-03/17/24

SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023 AM

SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023 PM

SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 AM SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 PM

PAQ 115.313 (c)-2 Midlands indicates "no," the facility does not maintain a minimum of 1:8 staff ratios during resident waking hours.

According to the Facility Administrator, the facility does not maintain a staffing ratio of a minimum of 1:8 during resident waking hours.

During the facility tour, the Auditor observed a deviation from the staffing plan. To supplement staffing, contract security staff were posted in control rooms, gatehouses, and security checkpoints. Contract custody staff were non-contact; therefore, they did not assist in living units or programming areas such as education, medical, and mental health. This substandard requires corrective action.

PAQ 115.313 (c)-3 Midlands: The facility indicates "no." It does not maintain a minimum staff-to-resident ratio of 1:16 during resident sleeping hours.

After examining the SCDJJ Deviation Staffing Plan, the Staffing Plan forms, the PAQ, observations during the facility tour, and informal conversation, the Auditor determined that this substandard requires corrective action.

PAQ 115.313 (c)-4 Midlands answered "daily" to this substandard. In the past 12 months, the facility deviated from the 1:8 security staffing ratio during resident waking hours daily. This substandard requires corrective action.

PAQ 115.313 (c)-5 Midlands answered "daily" to this substandard. In the past 12 months, the facility deviated from the staffing ratio 1:16 during resident sleeping hours daily. This substandard requires corrective action.

115.313 (d): Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

PAQ 115.313 (d)-1 SCDJJ confirmed "yes" that at least once every year, the agency or facility, in collaboration with the agency's Validation Administrator/PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

A review of the SCDJJ Facility Staffing Plan, Midlands Evaluation Center, indicates that the agency's Validation Administrator/PREA Coordinator reviewed the staffing plan on 7/10/23; however, the form is incomplete. Midlands will resubmit the

staffing plan to the Validation Administrator/PREA Coordinator to complete the review. This substandard requires corrective action.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that she reviewed the annual Midlands Staffing Plan. The Validation Administrator/PREA Coordinator confirmed that she assessed, determined and documented if any adjustments were needed to the staffing plan pursuant to PREA Substandard 115.313 (a), reviewed prevailing staffing patterns, considered and assessed the need for the deployment of video monitoring technologies and whether adjustments are needed to the resources the facility has available to commit to ensuring adherence to the staffing plan. This substandard requires corrective action.

115.313 (e): Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such a policy and practice shall be implemented for night and day shifts. Each secure facility shall have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the facility's legitimate operational functions.

PAQ 115.313 (e)-1 SCDJJ The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

SCDJJ Policy 336 Application of PREA Standards, Section A. Prevention Planning, Subsection 5, page 2, indicates under SCDJJ Policy 513, Supervision of Youth in Secure Facilities, Intermediate to higher level supervisors will conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks will be conducted weekly on all shifts and are prohibited from being announced or alerted to unless it is due to a legitimate operational function of the facility. [PREA Standard(s) §115.313 (e)]

PAQ 115.313 (e)-2 Midlands confirmed, "Yes, the facility documents unannounced rounds.

This Auditor examined a select group of unannounced rounds and confirmed that Midlands conducts unannounced rounds on all shifts.

Unannounced rounds 04/26/2024 1255-1310 PM

Unannounced rounds. 03/23/2014 1100-1138 AM

Unannounced rounds 03/05/2024 1042-1100 AM

Unannounced rounds 02/26/2024 2100-2236 PM

Unannounced rounds 01/21/2014 1027- 1105 AM

PAQ 115.313 (e)-3 Midlands confirmed that, over time, unannounced rounds cover

all shifts.

Unannounced rounds 04/26/2024 1255-1310 PM

Unannounced rounds. 03/23/2014 1100-1138 AM

Unannounced rounds 03/05/2024 1042-1100 AM

Unannounced rounds 02/26/2024 2100-2236 PM

Unannounced rounds 01/21/2014 1027-1105 AM

PAQ 115.313 (e)-4 Midlands confirmed that the facility prohibits staff from alerting other staff of the conduct of such rounds.

SCDJJ Policy 336, Application of PREA Standards, Section A., Prevention Planning, Subsection 5, indicates that in accordance with SCDJJ Policy 513, Supervision of Youth in Secure Facilities, Intermediate to higher-level supervisors will conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks will be conducted weekly on all shifts and are prohibited from being announced or alerted to unless it is due to a legitimate operational function of the facility. [PREA Standard(s) §115.313 (e)]

During the audit, the Auditor interviewed an intermediate or higher shift supervisor. The Shift Supervisor confirmed that rounds are random to prevent staff from alerting others about them unless they are due to a legitimate operational function of the facility.

115.313 (e)-4 Midlands confirmed "yes" that the facility prohibits staff from alerting other staff of the conduct of such rounds.

SCDJJ Policy 336, Application of PREA Standards, Section A., Prevention Planning, Subsection 5, indicates that under SCDJJ Policy 513, Supervision of Youth in Secure Facilities, Intermediate to higher-level supervisors will conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks will be conducted weekly on all shifts and are prohibited from being announced or alerted to unless it is due to a legitimate operational function of the facility. [PREA Standard(s) §115.313 (e)]

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 336 Application of the PREA Standards (effective date 05/06/2021)
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective date 05/06/ 2021)
4. SCDJJ Policy 513, Supervision of Youth in Secure Facilities (effective date 00/00/0000)

	<ol style="list-style-type: none"> 5. PAQ 115.313 (e)-2 SCDJJ If YES, the facility documents unannounced rounds. 6. SCDJJ Unannounced Facility/Program Round 4/26/24 7. SCDJJ Unannounced Facility/Program Round 3/23/24 8. SCDJJ Unannounced Facility/Program Round 3/15/24 9. SCDJJ Unannounced Facility/Program Round 2/26/24 10. SCDJJ Unannounced Facility/Program Round 1/21/24 11. Interview with Shift Supervisor (unannounced rounds 12. Interview with the Validation Administrator/PREA Coordinator 13. Interview with the Facility Administrator 14. Interview with the PREA Compliance Manager 15. Facility tour, observation of staffing levels, staff line of sight, supervision practices, camera locations 16. SCDJJ Deviation From Staffing Plan 03/17/24-03/17/2024 AM 17. SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023 AM 18. SCDJJ Deviation From Staffing Plan 12/1/23-12/31/2023 PM 19. SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 AM 20. SCDJJ Deviation From Staffing Plan 10/11/23-10/31/23 PM 21. Examination of the MEC facility staffing plan <p>Conclusion:</p> <p>MEC does not meet this standard.</p>
--	--

115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>PAQ 115.315 (a)-1 SCDJJ The facility conducts cross-gender strip or cross-gender</p>

visual body cavity searches of residents. Yes.

SCDJJ Policy 312 Search Procedure, Section A., Searches and Search Techniques, Subsection 4b. Juvenile Frisk-Search (effective 04/16/2020) indicates that SCDJJ will not conduct cross-gender frisk searches except in exigent circumstances, which will be documented and justified. In the event of an exigent/emergency circumstance, the unit supervisor of the officer searching will ensure that the form 312B, Cross-Gender Search Documentation, is fully completed for each search and forwarded to Facility Operations/Central Control for distribution to the following within 48 business hours of the event(s):

- 1) Facility PREA Compliance Manager;
- 2) Facility Security Supervisor;
- 3) Facility Administrator;
- 4) Administrator of Institutional Management; and
- 5) SCDJJ Validation Administrator/PREA Coordinator

In PAQ 115.315 (a)-2, SCDJJ indicates in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero.

The Auditor interviewed a sample of specialized staff members, none of whom reported any involvement or knowledge of non-medical staff participating in a cross-gender strip or visual body cavity search. During the on-site portion of this audit, the Auditor also interviewed a sample of random youth. Zero indicated ever having been searched by a non-medical staff member participating in a cross-gender strip or visual body cavity search.

115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances

Interviews with custody staff members confirmed that the facility would only carry out cross-gender pat-down searches in exigent circumstances. Each person the Auditor spoke to provided examples of what would be considered an exigent circumstance, such as a medical emergency, severe weather, or fire.

PAQ 115.315 (b)-1 SCDJJ The facility does not permit cross-gender pat-down searches of residents absent exigent circumstances.

Interviews with random and specialized custody staff (all) confirmed that the facility does not permit. Further, the Auditor interviewed a sample of random youth during the onsite portion of this audit. All youth sampled denied being cross-gender pat-down searches by a staff member of the opposite gender.

SCDJJ Policy 336, Application of the PREA Standards, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A6, (effective 05/06/2021) page 2, indicates that SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches will be reported on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)]. The number of nonmedical persons involved in cross-gender strip or

visual searches in the prior 12-month period was zero, according to the facility.

PAQ 115.315 (b)-2, Midland confirmed that in the past 12 months, the number of cross-gender pat-down searches of residents has increased: will provide supplemental data if needed. This substandard requires additional information.

Interviews with random staff during the audit all denied participating in a cross-gender pat-down search of youth. Likewise, interviews with random and targeted youth all denied pat searched by an opposite gender custody staff person.

115.315 (b)-3 Midland indicated that in the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): MEC will provide supplemental data if needed. This substandard requires additional information.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

PAQ 115.315 (c)-1 Midland facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

SCDJJ Policy 312 Search Procedures, Section A, Searches and Search Techniques, Subsection 4b., (effective 05/06/2021) page 2, indicates SCDJJ will not conduct cross-gender frisk searches except in exigent circumstances, which will be documented and justified. In the event of an exigent/emergency circumstance, the unit supervisor of the officer conducting the search will ensure that the form 312B, Cross-Gender Search Documentation, is fully completed for each search and forwarded to the Facility Operations/Central Control for distribution to the following within 48 business hours of the event(s):

- 1) Facility PREA Compliance Manager;
- 2) Facility Security Supervisor;
- 3) Facility Administrator;
- 4) Administrator of Institutional Management; and
- 5) SCDJJ Validation Administrator/PREA Coordinator

SCDJJ Policy 336, Application of the PREA Standards, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A6, (effective 05/06/2021) page 2, indicates that SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches will be reported on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)].

The number of nonmedical persons involved in cross-gender strip or visual searches in the prior 12-month period was zero, according to the facility.

115.315 (d): The facility shall implement policies and procedures that enable

residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

PAQ 115.315 (d)-1 SCDJJ The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

SCDJJ Policy 513 Supervision of Youth in Secure Facilities, Section N, Subsection 4 (effective 01/03/2020), page 5, except in exigent/emergency circumstances, or when incidental to routine cell/room checks, a youth shall be allowed to shower, perform bodily functions, and change clothing without security staff. All other non-medical staff of the opposite gender can view a youth's breasts, buttocks, or genitalia. (This includes viewing/monitoring via video camera). Staff shall have their presence announced/announce their presence when entering a housing unit/pod that contains youth of the opposite gender. If exigent/emergency circumstances exist that necessitate non-medical staff of the opposite gender from the youth viewing the youth's breasts, buttocks, or genitalia, documentation of the viewing and the exigent/emergency circumstance that necessitated the event shall be recorded in the unit log book with the logs reviewed and the justification approved by supervisory staff, through their initialing the logbook entry.

Interviews with random staff during the audit all denied participating in a cross-gender pat-down search of youth. Random staff indicated an agency requirement to document all exigent circumstances that deviate from the standard.

Likewise, interviews with random and targeted youth all denied pat searched by an opposite gender custody staff person.

During the facility tour, this Auditor toured all living units and all other areas where youth may be underdressed. This Auditor observed privacy curtains in showers, and staff made announcements as this opposite-gender female entered all living units. Informal conversations with custody staff on living units confirmed that nonmedical staff of the opposite gender are required to alert youth as they enter any living areas where opposite-gender youth may be underdressing, such as intake and the living units. The facility tour included the control room, where male staff monitored the live video feeds from all locations.

PAQ 115.315 (d)-2 SCDJJ indicates "yes" that policies and procedures require a staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily

functions or changing clothing.

SCDJJ Policy 513 Supervision of Juveniles in Secure Facilities, Section N, Subsection 4, (effective 01/03/2020) page 5, except in exigent/emergency circumstances, or when incidental to routine cell/room checks, a youth shall be allowed to shower, perform bodily functions, and change clothing without security staff. All other non-medical staff of the opposite gender can view a youth's breasts, buttocks, or genitalia. (This includes viewing/monitoring via video camera). Staff shall have their presence announced/announce their presence when entering a housing unit/pod that contains juveniles of the opposite gender. If exigent/emergency circumstances exist that necessitate non-medical staff of the opposite gender from the youth, viewing the juvenile's breasts, buttocks, or genitalia, documentation of the viewing and the exigent/emergency circumstance which necessitated the event shall be recorded in the unit log book with the logs reviewed and the justification approved by supervisory staff, through their initialing the logbook entry.

115.315 (e): The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident by reviewing medical records or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

PAQ 115.315 (e)-1 SCDJJ The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

SCDJJ Policy 336 Application of PREA Standards, Section A, Prevention Planning, Subsection 9, (effective 05/06/2021) page 2 indicates at no time will any SCDJJ facility search or physically examine a transgender or intersex youth to determine the youth's genital status. [PREA Standard(s) §115.315(e)]

PAQ 115.315 (e)-2 Midland indicated "no" that such searches (described in 115.315(e)-1) occurred in the past 12 months: was zero.

SCDJJ Policy 336, Application of PREA Standards, Section A, Prevention Planning, Subsection 9, (effective 05/06/2021) page 2, indicates that at no time will any SCDJJ facility search or physically examine a transgender or intersex youth to determine the youth's genital status. [PREA Standard(s) §115.315(e)].

During random staff interviews, it was confirmed that no searches were conducted to determine a youth's genital status during the reporting period. Staff stated that if a search were necessary, they would notify a supervisor before taking action and document the incident. Furthermore, staff indicated that they would not search or physically examine transgender or intersex residents to determine their genital status. Instead, they would call the Shift Supervisor and a medical practitioner or obtain the information during a normal conversation with the youth without searching for this purpose.

During the onsite portion of this audit, this Auditor interviewed zero transgender youth and zero intersex youth. This Auditor informally spoke to a medical and mental health practitioner to confirm that this targeted group was not present in the population. He again confirmed that neither transgender nor intersex youth was among the Midland population.

115.315 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully and in the least intrusive manner possible, consistent with security needs.

PAQ 115.315 (f)-1 SCDJJ The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs: 100

This Auditor examined the training log to ensure compliance with this substandard.

This Auditor examined the Office of Professional Standards, Staff Development and Training, Training Lesson Plan, Contraband Control and Search Procedures, page 34.

During the on-site audit, the Auditor randomly sampled custody staff who had received training on conducting cross-gender pat-down searches of transgender and intersex youth professionally and respectfully while considering security needs. The same staff confirmed that the facility/agency trains security staff in how to conduct cross-gender pat-down searches professionally and respectfully and in the least intrusive manner possible, consistent with security needs, and trains security staff in how to conduct searches of transgender and intersex residents professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.

Evidence relied upon:

1. Preaudit questionnaire
2. SCDJJ Policy 312 Search Procedure (effective 04/16/2020)
3. SCDJJ Policy 513 Supervision Youth in Secure Facilities (effective 01/03/2020)
4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/05/2021)
5. SCDJJ Policy 336 Application of PREA (effective date 05/06/2021)
6. Office of Professional Standards, Staff Development and Training, Training Lesson Plan, Contraband Control and Search Procedures, Training Completion Log (revised 02/22/2021)
7. Interview with random staff
8. Interview with youth

Corrective Action:

	<ol style="list-style-type: none"> 1. PAQ 115.315 (b)-2, Midland confirmed that in the past 12 months, the number of cross-gender pat-down searches of youth will provide supplemental data if needed. This substandard requires additional information. 2. Logs of exigent circumstances that may deviance from the standard. 3. Documentation, including justification, of cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of residents. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.</p>
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In</p>

addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

PAQ 115.316 (a)-1 SCDJJ The agency has established procedures to provide disabled residents with equal opportunity to participate in or benefit from all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

SCDJJ Policy 905 Juveniles with Disabilities, Section B. The Rehabilitative Services Coordinator of Special Needs Case Management (effective 10/11/2019) indicates that the Rehabilitative Services Coordinator of Special Needs will coordinate the agency's efforts to provide equal access to programs, services, and activities for youth with disabilities.

SCDJJ Policy 905 Juveniles with Disabilities, Section G., Accessibility to Programs, Services, and Activities, Subsection 3., (effective 10/11/2019) page 4, indicates that in the development of programs, services, and activities, unnecessary eligibility criteria or rules that deny a juvenile with a disability equal access/opportunity to participate must be eliminated unless doing so or otherwise allowing access or participation in such a program or activity will:

- Fundamentally alter the nature of the program, service, or activity; or
- Create a significant direct threat to safety or security

SCDJJ Policy 321 Prevention of Sexual Abuse toward Youth, Section D., Youth Education Subsection 1, page 2, youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those limited in English proficiency, deaf, visually impaired, otherwise disabled, or have limited reading skills.

By examination, this Auditor confirmed that SCDJJ has a contract with an interpretive language service (Global Interpreting Network, Inc.). Global provides phone and video interpretation. During an internet search, this Auditor determined that the interpretive service is available 24/7 in over 300 languages with 17,000 linguists. The service provides effective communication with residents who have disabilities. Further, SCDJJ also employs the services of Masterword (VN# 7000197**) and Voiance Language Service (VN# 7000146**) for sign language for medical communication with youth.

115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse

and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

PAQ 115.316 (b)-1 SCDJJ The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

SCDJJ Policy 905 Juveniles with Disabilities, Section G., Accessibility to Programs, Services, and Activities, Subsection 3., (effective date 10/11/2019) page 4, indicates that in the development of programs, services, and activities, unnecessary eligibility criteria or rules that deny youth with a disability equal access/opportunity to participate must be eliminated unless doing so or otherwise allowing access or participation in such a program or activity will:

- Fundamentally alter the nature of the program, service, or activity; or
- Create a significant direct threat to safety or security

Through an interview with the Agency Head (designee) and Chief of Staff, she indicated that SCDJJ provides youth with a disability equal access/opportunity to participate, which must be eliminated unless doing so or otherwise allowing access or participation in such a program or activity.

During the onsite audit, the Auditor interviewed a targeted group of youth with disabilities, but no youth with limited English proficiency (LEP). All interviewed youth stated that Midlands provided PREA-related education in a way they could understand. Additionally, they mentioned that the youth orientation at the facility included a PREA video (available in Spanish/English), a face-to-face intake in a private setting, and the intake staff reading important information to all youth. The sampled youth also confirmed that the PREA education covered how to report a PREA incident, who to report it to, and how to seek emotional support if needed.

115.316 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

PAQ 115.316 (c)-1 SCDJJ Agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

SCDJJ Policy 336 Application of PREA Standards, Section A., Prevention Planning, Subsection 12, page 3, indicates that SCDJJ will not rely on youth interpreters, youth

readers, or any other type of youth assistants in obtaining information regarding investigations that may compromise the safety of the youth. [PREA Standard §115.316.

During the on-site portion of this audit, the Auditor interviewed a select group of 12 random staff. All random staff interviewed indicated that they understood that the agency prohibited the use of youth interpreters, youth readers, or other types of youth assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, the performance of first-response duties under § 115.364, or the investigation of the youth's allegations. Further, all random staff also indicated that if an emergency arose. There was an urgent need for a youth to interpret for another youth, who could compromise the health and safety of the youth. They would seek the assistance of staff who spoke the language, call the language line, but always notify a supervisor immediately and document the incident.

PAQ 115.316 (c)-2 Midlands confirmed that the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

At the on-site audit, the Auditor interviewed a random group of 12 staff members. All of those interviewed understood that the agency prohibits the use of youth interpreters, readers, or assistants, except in limited circumstances where there could be a delay in obtaining an effective interpreter that might compromise the youth's safety, first-response duties, or the investigation of the youth's allegations. All staff members also indicated that in case of an emergency requiring youth to interpret for another youth and potentially compromising their health and safety, they would seek assistance from staff who speak the language, call the language line, notify a supervisor immediately, and document the incident.

PAQ 115.316 (c)-3 Midlands confirmed that in the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties under §115.364, or the investigation of the resident's allegations: was zero.

This Auditor did not review any documentation of circumstances when resident interpreters, readers, or other resident assistants were used during this reporting period.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 905 Juveniles with Disabilities (effective date 10/11/2019)
3. SCDJJ Policy 336 Application of PREA Standards (effective date 05/06/2021)
4. Interview with the Agency Head (designee), Chief of Staff

	<p>5. Interview with youth with disabilities</p> <p>6. Interview with Agency Head (designee), Chief of Staff</p> <p>7. Review of interpretive contractual documents (Global Interpreting Network)</p> <p>8. Review of interpretive contractual documents (Masterword VN# 7000197***)</p> <p>9. Review of interpretive contractual documents (Voiance Language Service VN# 7000146***)</p> <p>10. Examination of written material used by SCDJJ (Spanish) for effective communication about PREA with LEP</p> <p>11. Examination of staff training records</p> <p>Corrective Action: none</p> <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
--	---

115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.317 (a): The agency shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who (1) Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>In PAQ, 115.317 (a)-1, SCDJJ affirms having a policy that prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who:</p> <ul style="list-style-type: none"> Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section I, Prevention Plan, Subsection 9. Protocols (effective 05/06/2021), page 17, directs facilities to screen employment applicants and promotional candidates as part of the SCDJJ's efforts to prevent incidents of sexual abuse.

SCDJJ Policy 230 Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, Driver's License Checks, and Drug Testing,

Subsection 1a, (effective 07/17/2023) page 11, SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. (05/06/2021) page 3.

SCDJJ Policy 230 Employee Recruitment and Selection, Section J. Criminal History,

Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing, Subsection 1a, page 11 indicates OHR will ensure that criminal history, child abuse, and neglect registry, driver's license checks, and drug testing are conducted for each prospective new hire. The criminal history, child abuse, and neglect registry check, and driver's license checks must be undertaken and documented before an offer of employment to an applicant. The drug testing must be conducted within 48 hours of the candidate's notification to report for drug testing.

(1). The Division of Investigative Services will conduct criminal history and driver's license checks.

(a). The OHR will forward the request for the criminal history and driver's license checks to the Division of Investigative Services (IG), which will complete the checks, document the results in written summaries, and forward them to the OHR. The OHR will forward a copy to the hiring manager for inclusion in the hiring packet. SCDJJ Public Safety will maintain a photocopy at their site for three (3) years and forward it to the SCDJJ Central Warehouse.

SCDJJ Policy 336 Application of PREA Standards, Section A., Prevention Planning, Subsection 13, (effective 05/06/2021) page 3 indicates that consistent with SCDJJ Policy 230, Employee Recruitment and Selection, SCDJJ will conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background

records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)]

In PAQ 115.317 (b)-1, Midlands affirmed that the agency's policy requires considering any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section I, Prevention Plan, Subsection 9. Protocols (effective 05/06/2021), page 17, directs facilities to screen employment applicants and promotional candidates as part of the SCDJJ's efforts to prevent incidents of sexual abuse.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

In PAQ 115.317 (c)-1, Midlands affirmed that the agency has a policy that requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. (effective 05/06/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees, and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

This Auditor reviewed a list of staff hired or promoted in the last 12 months to ensure that appropriate criminal record background checks have been carried out. This Auditor confirmed that staff were also asked and answered questions about past misconduct.

During the audit process, the Administrative (Human Resources) Staff confirmed that Midlands considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the

services of any contractor. This Auditor sampled a select group of employees and contractors (e.g., three promotions, 12 appointment changes, and 52 employees) to ensure compliance with this standard. Employment files of select personnel hired in the past 12 months were examined to determine if the agency has completed background checks consistent with 115.317(c).

In PAQ 115.317 (c)-1, SCDJJ Administrative (Human Resources) Staff confirmed that the agency has a policy that requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 2. Correctional Officer (State Title) Position Candidates, Subsection a, (effective 07/17/2023) page 9, indicates if the hiring manager decides to hire the candidate, they will submit the Personnel Action Form (Form B-OA), criminal history (OHR's HR Services will request criminal background checks from SCDJJ Public Safety for candidates being considered for hire) and driver's license results, state application, IG check results (if applicable), SCDJJ application addendum, interview forms and notes, and reference checks to their.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. (effective 05/06/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees, and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

115.317 (d): The agency shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

115.317 (d)-1 SCDJJ policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. (effective 05/06/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who

may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

SCDJJ Policy 230, Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing, Subsection 1a, (effective 07/17/2023) page 11 indicates that OHR will ensure that criminal history, child abuse and neglect registry, driver's license checks, and drug testing are conducted for each prospective new hire. The criminal history, child abuse, and neglect registry check, and driver's license checks must be undertaken and documented before an offer of employment to an applicant. The drug testing must be conducted within 48 hours of the candidate's notification to report for drug testing.

PAQ 115.317 (d)-2, SCDJJ indicates that in the past 12 months, zero contracts for services involved criminal background record checks on all staff covered in the contract who might have contact with residents. This PAQ requires clarification. In the past 12 months, SCDJJ has employed new contract employees, was excluded.

Records of background checks of contractors who might have contact with residents. The PAQ indicates two.

115.317 (e): The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees.

In PAQ 115.317 (e)-1, SCDJJ confirms that the agency policy requires that current employees and contractors who may have contact with residents undergo criminal background records checks at least every five years or that a system is in place for otherwise capturing such information for current employees.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees, and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

Documentation of background records checks of current employees and contractors at five-year intervals when applicable.

Does the agency either conduct criminal background records checks at least every five years on current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees?

115.317 (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

During the audit process, Administrative (Human Resources) Staff confirmed that SCDJJ asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

By examination of the employee onboarding document, this Auditor determined that SCDJJ all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?

115.317 (g): Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

During the audit process, the Administrative (Human Resources) Staff confirmed that SCDJJ any material omissions regarding such misconduct or the provision of materially false information should be grounds for termination.

PAQ 115.317 (g)-1, SCDJJ confirmed that the agency has a policy that states that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 2, SCDJJ Eligibility Requirements/SC Criminal Justice Academy Requirements, Subsection C5, page 14, indicates that evidence satisfactory to the director that the candidate has signed an

attestation form committing to the practice of ethical policing, which means the discharge of responsibilities, stemming from employment as a law enforcement officer, which is devoid of misconduct and which is carried out in conformance with this chapter, including the duty to safeguard life and the duty to intervene.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 6, Relief From Duty, Subsection B, also indicates that if employee misconduct results in dismissal, the following information shall be provided to the employee:

- a statement citing the reason for the dismissal;
- effective date of the dismissal;
- a statement of the status of fringe benefits and retirement benefits after dismissal; and
- a statement as to the content of the employee's employment record relating to the dismissal.

115.317 (h): Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

According to the Administrative (Human Resources), unless prohibited by law, SCDJJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 336 Application of PREA Standards (effective date 05/06/2021)
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective date 05/06/2021)
4. SCDJJ Policy Employee Recruitment and Selection (effective date 07/17/2013)
5. Select a sample of files examined of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks and questions regarding past conduct were asked and answered.
6. Interview with Administrative (Human Resources) Staff
7. Examination of a select group of files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with 115.317(c).

	<p>8. Examination of a select group of records of background checks of contractors (2) who might have contact with residents.</p> <p>9. Examination of a select group of documentation of background records checks of current employees and contractors at five-year intervals when applicable.</p> <p>Corrective Action:</p> <p>115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual</p> <p>Conclusion:</p> <p>After corrective action MEC met the requirements of this standard.</p>
--	--

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.318 (a): When designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>PAQ 115.318 (a)-1, Midlands confirms that the facility has not acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. No.</p> <p>The Facility Administrator stated that the Midlands facility has not acquired a new facility or substantially expanded or modified existing facilities. The Facility Administrator confirmed that SCDJJ would consider the impact of the facility design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>During an interview with the Agency Head (designee) Chief of Staff for this audit, it was confirmed that SCDJJ would, when designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>Evidence relied upon:</p>

	<ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Interview with the Agency Head (designee), Chief of Staff 3. Interview with the Facility Administrator <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
--	--

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>PAQ 115.321 (a)-1 SCDJJ The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).</p> <p>SCDJJ Policy 328 Investigations pages 1-12 address this section of Standard 115.321.</p> <p>SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 1, (effective 05/06/2021), page 5, events may be investigated criminally, administratively, or both. Investigations will be assigned within five (5) business days of receipt of the allegation.</p> <p>SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, page 6 indicates that allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to the South Carolina Law Enforcement Division (SLED) pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.</p> <p>PAQ 115.321 (a)-2 SCDJJ/Midlands The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).was 28.</p> <p>SCDJJ Policy 328 Investigations, Section E. Criminal Investigations, Subsection 1, page 6, indicates that allegations serious in nature with potential criminal violations</p>

will be assigned to the Safety and Law Enforcement Services previously known as SCDJJ Division of Law Enforcement, Criminal Investigations Section, for criminal investigation.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.1, this MOU delineates the investigations that SLED will be the primary investigative agency, the investigations that SCDJJ will be the primary agency and the events that SCDJJ shall notify SLED so that a decision can be made as to which agency will be the primary investigative agency. However, nothing in this MOU prevents SLED from asserting primary investigative authority over any criminal matter at its sole discretion.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.2, page 2, SLED will be the primary investigative agency on any case specifically requested by the Director of SCDJJ or the SCDJJ Inspector General.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.3, SCDJJ shall notify SLED of any allegation involving the following offenses occurring at SCDJJ facilities so that a decision can be made as to which agency will be the primary investigative agency for:

- Criminal Sexual Conduct in the Second Degree
- Criminal Sexual Conduct in the Third Degree
- Criminal Sexual Conduct with a Minor
- Sexual Misconduct with an inmate, patient, or offender

The decision will be based on the nature of the facts and allegations presented and the available resources at the time.

PAQ 115.321 (a)-3 SCDJJ If another agency has responsibility for conducting administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations was 28.

See PAQ 115.321 (a)-2. South Carolina Law Enforcement Division(SLED)

PAQ 115.321 (a)-4 SCDJJ confirmed that when conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol was

This Auditor confirmed by examination that SCDJJ has a uniform evidence protocol termed SCDJJ Form 321B, Protocol for Alleged Sexual Assault involving Penetration (effective 03/2022), to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. A review of the uniform evidence protocol for evidence (SCDJJ Form 321B, Protocol for Alleged Sexual Assault involving Penetration) confirms that there is sufficient technical

detail to aid responders in obtaining usable physical evidence.

115.321 (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Through interviews with a select group of random custody staff, all indicated that as first responders, they understood the uniform evidence protocol and had a duty to safeguard the victim and protect physical usable evidence by closing off the crime scene and asking the victim to avoid acts such as taking a shower, brushing teeth, and changing clothing. Likewise, Non-custody staff interviewed indicated that the victim would be asked not to take acts that would destroy usable physical evidence.

PAQ 115.321 (b)-1 SCDJJ The protocol is developmentally appropriate for youth.

According to the Validation Administrator/PREA Coordinator, SCDJJ Form 321B Protocol for Alleged Sexual Assault involving Penetration is developmentally appropriate for youth and the evidence protocol was adapted from the uniform evidence protocol.

PAQ 115.321 (b)-2 SCDJJ confirmed that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. If "No", indicate the source used to develop the protocol in the comments section.

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

PAQ 115.321 (c)-1 SCDJJ/Midland offers all residents who experience sexual abuse access to forensic medical examinations.

Policy 321 Prevention of Sexual Offenses toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility., Subsection F., page 11, indicates that all youth who have been victimized by sexual abuse in any confinement facility will be offered medical and mental health evaluation, follow-up services, treatment plans and, if necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. The services provided will be consistent with the community standards of care.

SCDJJ Attachment 321B Protocol for Alleged Sexual Assault involving Penetration, Procedures, page 1 indicates that all youth that are alleged victims of sexual assault involving penetration will be transported to a local hospital for a forensic examination unless the reporting timeframe has been exceeded (see items d. and e. below)

- Columbia area institutions will send juveniles to Palmetto Health Richland, 5 Medical Park Drive, Columbia S.C. 29203
- Upstate Evaluation Center will send juveniles to Spartanburg Regional Medical Center, 101 E. Wood Street, Spartanburg, S.C. 29303
- Coastal Evaluation Center will send juveniles to the Medical University of South Carolina (MUSC), 96 Jonathan Lucas Street, Charleston, S.C. 29425

PAQ 115.321 (c)-2 Midlands indicates "no" that the facility does not offer all residents who experience sexual abuse access to forensic medical examinations onsite.

According to a medical practitioner interviewed during this audit. Midland offers forensic examinations in the local community. See PAQ 115.321 (c)-1 for more information.

PAQ 115.321 (c)-3 Midland confirmed that the facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. See PAQ 115.321 (c)-1 for more information.

SANE/SAFE Staff-Columbia area institutions will send juveniles to Palmetto Health Richland, 5 Medical Park Drive, Columbia S.C. 29203

PAQ 115.321 (c)-4 Midland confirmed that forensic medical examinations are offered without financial cost to the victim.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13e., (effective 05/06/2021) page11, indicates Services will be provided according to the provider's professional judgment and will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PAQ 115.321 (c)-5 Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Midland indicates yes.

PAQ 115.321 (c)-6 When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. Midland indicates yes.

PAQ 115.321 (c)-7 The facility documents efforts to provide SANEs or SAFEs. Midland indicates yes.

PAQ 115.321 (c)-8 The number of forensic medical exams conducted during the past

12 months was zero

PAQ 115.321 (c)-9 The number of exams performed by SANES/SAFEs during the past 12 months was zero

According to the Validation Administrator/PREA Coordinator, no SANE/SAFE exams were conducted in the past 12 months. An interview with a youth who reported sexual abuse did not result in them being taken to a local hospital, and the investigation concluded that the abuse claim was unfounded. There is no documentation to confirm that all victims of sexual abuse were provided with access to forensic medical examination, as referrals were not deemed medically necessary. However, a medical practitioner confirmed that if a youth required a SANE/SAFE examination, they would be immediately transported to a hospital where a SANE/SAFE examiner or a qualified medical practitioner could conduct the forensic examination.

115.321 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

PAQ 115.321 (d)-1 Midlands confirmed that the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.

PAQ 115.321 (d)-2 These efforts are documented.

According to a mental health practitioner interviewed, SCDJJ will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with the community level of care, including follow-up after a forensic examination and development of a safety plan and treatment plan.

SCDJJ Midlands MOU attempted to obtain an MOU with Pathways to Healing, previously known as STS Midlands but was unsuccessful. See the email communication from the SCDJJ Validation Administrator/PREA Coordinator and the SCDOC PREA Coordinator, dated 06/24/2020. The agencies were never able to obtain an MOU with STS of Midlands.

PAQ 115.321 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. Midlands answered yes.

During an interview with a mental health practitioner, the practitioner confirmed that mental health services, including treatment and a safety plan, would be offered to a victim of sexual abuse as a follow-up to a forensic examination and victimization.

115.321 (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

PAQ 115.321 (e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

SCDJJ Attachment 321B Protocol for Alleged Sexual Assault involving Penetration, Procedures, page 1 indicates that all youth that are alleged victims of sexual assault involving penetration will be transported to a local hospital for a forensic examination unless the reporting timeframe has been exceeded (see items d. and e. below)

Columbia area institutions will send youth to Palmetto Health Richland, 5 Medical Park Drive, Columbia S.C. 29203

Upstate Evaluation Center will send youth to Spartanburg Regional Medical Center, 101 E. Wood Street, Spartanburg, S.C. 29303

Coastal Evaluation Center will send youth to the Medical University of South Carolina (MUSC), 96 Jonathan Lucas Street, Charleston, S.C. 29425

115.321 (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

115.321 (f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Midland answered yes.

If SCDJJ does not investigate an allegation, the SCDJJ Investigation Division will request that the investigating agency (SLED) follow the requirements set by standard 115.21 (a) through (e).

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.1, this MOU delineates the investigations that SLED will be the primary investigative agency, the investigations that SCDJJ will be the primary agency and the events that SCDJJ shall notify SLED so that a decision can

be made as to which agency will be the primary investigative agency. However, nothing in this MOU prevents SLED from asserting primary investigative authority over any criminal matter at its sole discretion.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.2, page 2, SLED will be the primary investigative agency on any case specifically requested by the Director of SCDJJ or the SCDJJ Inspector General.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division(SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.3, SCDJJ shall notify SLED of any allegation involving the following offenses occurring at SCDJJ facilities so that a decision can be made as to which agency will be the primary investigative agency for:

Criminal Sexual Conduct in the Second Degree
Criminal Sexual Conduct in the Third Degree
Criminal Sexual Conduct with a Minor
Sexual Misconduct with an inmate, patient, or offender

Documentation of the request regarding requirements of §115.321(a) through (e) with the outside investigating agency.

115.321 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The Auditor is not required to audit this provision.

115.321 (h): For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

In the event of sexual assault, the SCDJJ licensed Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent/with SCDJJ Policy 336 Application of PREA Standards and SCDJJ Policy 320 Prevention of Sexual Offenses toward Youth.

A review of the relevant documentation, interviews, and conversations with staff and youth confirmed that the facility complies with this standard's provisions, and no corrective action is necessary.

Evidence relied upon:

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> 2. Interview random staff 3. Interview with a medical practitioner 4. Interview with a mental health practitioner 5. Interview with the Validation Administrator/PREA Coordinator 6. Supporting Documents, Interviews and Observations 7. Investigation Packages (Event Reports) 8. Pathways to Healing previously known as, Sexual Trauma Services of the Midlands (STSM): MOU attempt between the SC Department of Corrections and SCDJJ MOU with Rape Crisis Center – Emails of Attempts 9. Review of Youth Grievances 10. SCDJJ Medical/Mental Health Screenings 11. Youth Safety Plans Medical Referrals 12. Mental Health Referrals Protocol for Alleged Sexual Assault Involving Penetration 13. Health Services PREA (Contract) Training 14. Health Services PREA Employee's signed Training Rosters 15. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021) 16. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) 17. SCDJJ Policy 327 Investigations (effective 01/15/2024) 18. MOU between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice <p>Clarification:</p> <ol style="list-style-type: none"> 1. SCDJJ Policy 911 Clinical Crisis Intervention <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. None <p>Conclusion:</p> <p>Based on the analysis, the facility is compliant with all provisions in this standard.</p>
--	--

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.322 (a): The agency shall ensure that an administrative or criminal

investigation is completed for all allegations of sexual abuse and sexual harassment.

PAQ 115.322 (a)-1 SCDJJ The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

SCDJJ Policy 328 Investigations, pages 1-12, is a select policy and procedure that governs investigations of allegations of sexual abuse and sexual harassment.

PAQ 115.322 (a)-2 Midlands In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 28.

By examination of the MEC Audit-Allegations document provided by the Validation Administrator/PREA Coordinator, this Auditor confirmed that Midlands initiated 28 allegations of sexual harassment or sexual abuse during the past 12-month period.

Midlands initiated 28 investigations into incidents of sexual abuse or sexual harassment during this reporting period. From June 2023 to April 2024, SCDJJ completed six incidents of youth-on-youth behavior, with four investigations deemed unsubstantiated. Additionally, one investigation regarding a staff member's inappropriate relationship with a youth was substantiated and referred to SLED for further action. The investigative outcome is still pending. Eight investigations were found to be unfounded. Currently, 50% of allegations related to sexual abuse or sexual harassment from June 2023 to April 2024 are still pending. SCDJJ is working to resolve outstanding cases using a new method of assigning investigative responsibilities, which should enhance accountability.

PAQ 115.322 (a)-3 Midlands: In the past 12 months, 28 allegations resulted in an administrative investigation was 28.

SCDJJ conducts administrative investigations on all allegations of sexual abuse and sexual harassment. Therefore, 28 administrative investigations were conducted in the past 12-month period.

PAQ 115.322 (a)-4 SCDJJ In the past 12 months, one allegation has been referred for criminal investigation. 1.

According to the MEC 2024 Audit Allegations report, one investigation was referred to SLED for a criminal investigation. The allegation involved an alleged inappropriate staff-on-youth relationship.

PAQ 115.322 (a)-5 Midlands Evaluation Center indicates that referring to allegations received during the past 12 months, all administrative and/or criminal investigations were completed and answered yes.

Midlands confirmed that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse. Midlands confirmed that the agency ensures that administrative or criminal investigations are completed for all sexual harassment allegations. During the audit, the Auditor found

that the Audit Allegations report for MEC 2024 indicated that 28 investigations were initiated in the past 12 months. Out of these investigations, 13 are still pending. Among the pending investigations, eight are related to youth-on-youth allegations of sexual abuse, and five are related to youth-on-youth sexual harassment. **One incident of youth-on-youth sexual abuse allegation was initiated on 05/21/2023 and is identified among investigations as still pending. This investigation was not referred to SLED for a decision.** To date, this Auditor has reviewed zero reports of sexual abuse or sexual harassment from the past 12-month period. This substandard requires corrective action in the form of proper documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings.

While conducting the audit, the Auditor interviewed the second-in-command of the Safety and Law Enforcement Services at SCDJJ, the Captain/Internal Integrity Administrator. The Captain/Internal Integrity Administrator indicated that a change in the organizational structure took place, and a change in leadership and assignments and re-assignment of investigations caused the division to fall behind. As a solution, the division has restructured its investigations, and all investigators will now focus on PREA investigations. This reorganization is expected to streamline the investigative process. This substandard requires corrective action to meet this necessary standard.

During an interview with the Agency Head (designee) Chief of Staff, the Chief of Staff confirmed that the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations unless the allegation does not involve potentially criminal behavior.

115.322 (b): The agency shall have a policy to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or make it available through other means if it does not have one. The agency shall document all such referrals.

PAQ115.322 (b)-1 SCDJJ The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations unless the allegation does not involve potentially criminal behavior.

SCDJJ Policy 328 Investigations, pages 1-12, indicates that it is the policy of SCDJJ to implement a comprehensive, prompt, and fair investigatory process when alleged violations of criminal law or SCDJJ policies and procedures occur. The Safety and Law Enforcement Services will receive complaints, allegations, and grievances through verbal and written reports from employees, youth, volunteers, and third parties. Each report will be reviewed and, when appropriate, classified as an administrative and criminal investigation, thoroughly investigated, and documented. Statistical information will be maintained for review and reference.

During an interview with the Agency Head (designee) Chief of Staff, the Chief of Staff confirmed that the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations unless the allegation does not involve potentially criminal behavior.

PAQ 115.322 (b)-2 SCDJJ, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means answered, "yes."

By examination, this Auditor determined that SCDJJ has an MOU with SLED to conduct specific investigations. See Policy 328 Investigations and SLED-SCDJJ MOU, Section 5, Scope, page 2, dated 08/26/2021. By examination of the SCDJJ website, this Auditor confirmed that the SCDJJ Policy 328 Investigations is published on the agency's website (www.djj.sc.gov).

PAQ 115.322 (b)-3 SCDJJ, the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation, "yes."

Upon reviewing the Audit Allegations report for the MEC 2024 log for Midland, the Auditor found that SCDJJ documents all referrals of allegations of sexual abuse and/or sexual harassment for criminal investigations. The Auditor identified one investigative referral (staff on youth inappropriate behavior) to SLED for investigation from the log.

According to the Captain/Internal Integrity Administrator for the SCDJJ Safety and Law Enforcement Services, the agency documents all referrals to outside law enforcement.

115.322 (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

SCDJJ Policy 328 Investigations outlines the responsibility of the Safety and Law Enforcement Services and SLEDs when conducting criminal investigations such as:

SCDJJ Policy 328 Investigations, Section, Definitions, Subsection 9., Other Investigative Agencies, page 1, indicates that other investigative agencies are defined as any agency authorized by city, county, state, or federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). Serious incidents, as agreed upon in accordance with the Memorandum of Agreement (MOA) with SLED, will be reported by the Inspector General to SLED for investigation.

SCDJJ Policy 328 Investigations, Section D, Investigation Assignment, Subsection 10, page 6, states that allegations of child abuse must be reported through the ERS system. If the allegation originates from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified, along with the local law enforcement agency, which will be responsible for

conducting the investigation. Allegations of institutional abuse and neglect that are said to have occurred in one of the five secure SCDJJ facilities will be reported to SLED according to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

SCDJJ Policy 328 Investigations, Section E, Criminal Investigations, Subsection 4 (effective 01/15/2024), page 6, indicates Unless another law enforcement agency has processed a crime scene, criminal investigators will process crime scenes for potential physical evidence, documentation, and photographs. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory within 72 hours.

115.322 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. A policy governing the conduct of such investigations.

The Auditor is not required to audit this provision.

115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Auditor is not required to audit this provision.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 328 Investigations (effective 01/15/2024)
3. SCDJJ Midland Evaluation Center (MEC) 2024 Audit Allegations Log
4. Interview with the Agency Head (designee)/Chief of Staff
5. Interview with the/Validation Administrator/PREA Coordinator
6. Interview with the Captain/Internal Integrity Administrator, SCDJJ Safety and Law Enforcement Services
7. Internet search: Policy 328 Investigations on the website
8. Examination of documentation of referrals of allegations of sexual abuse and sexual harassment
9. Examination of website that describes investigative responsibilities
10. Examination of MOU with SLED and SCDJJ

Corrective Action:

1. PAQ 115.322 (a)-5 Midlands indicates that all administrative and criminal investigations regarding allegations received during the past 12 months were completed. MEC will provide the Auditor access to all investigations initiated during the prior 12 months for sampling. According to the PREA Compliance Specialist, the one criminal investigation was an SLED investigation, which was forwarded to the Prosecutor's Office for

	<p>Prosecution. As of 04/07/2025, no other information was available. SCDJJ will request documentation to support the current status of the investigation.</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	--

115.331	Employee training
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.</p> <p>PAQ 115.331 (a)-1 SCDJJ The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section L, Prevention Plan, Employee Training, (05/06/2021), page 16, indicates that employees will be trained to understand their responsibility in the detection, prevention, and reporting of an alleged sexual activity before it escalates to an act of sexual violence.</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section C., Training Requirements, (effective 05/06/2021), page 19, states that all employees are required to review this policy within 30 calendar days of its publication. All</p>

volunteers, interns, and contractors are required to be trained on any updates to this policy within 30 calendar days of its publication.

PAQ 115.331 (a)-2 SCDJJ The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment., SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective eight discusses mandatory reporting requirements.

PAQ 115.331 (a)-3 SCDJJ The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment. SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective three explains the rights and retaliatory protection given to youth and employees regarding the disclosure and reporting of youth sexual abuse and sexual harassment.

PAQ 115.331 (a)-4 SCDJJ The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment. SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective three explains the rights and retaliatory protection given to youth and employees regarding the disclosure and reporting of youth sexual abuse and sexual harassment.

PAQ 115.331 (a)-5 SCDJJ The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment., SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective seven discusses the environmental and situational dynamics that may contribute to sexual abuse and

harassment.

PAQ 115.331 (a)-6 SCDJJ The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment., SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective six discusses the common reactions displayed by victims of sexual abuse & sexual harassment.

PAQ 115.331 (a)-7 SCDJJ The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.

This Auditor examined the training curriculum for all employees who may have contact with youth on the right of youth to be free from sexual abuse and sexual harassment. SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA Implications, PowerPoint, slides 1-17, effective 03/16/21. Performance objective five discusses and identifies inappropriate behavior by staff.

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52; performance objectives include how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.

PAQ 115.331 (a)-8 SCDJJ The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52; performance objectives include how to avoid inappropriate relationships with youth.

PAQ 115.331 (a)-9 SCDJJ The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52; performance objectives include how to communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming youth.

PAQ 115.331 (a)-10 SCDJJ The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52, and performance objectives on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PAQ 115.331 (a)-11 SCDJJ The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52, and performance objectives, including relevant laws regarding the applicable age of consent.

115.331 (b): Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents or vice versa.

PAQ 115.331 (b)-1 SCDJJ Training is tailored to the unique needs and attributes and gender of the residents at the facility

This Auditor examined SCDJJ Recertification Training, PowerPoint slides 1-52, and performance objectives unisex and tailored to the unique needs and attributes and gender of the youth at the facility

PAQ 115.331 (b)-2 SCDJJ Employees who are reassigned from facilities housing the opposite gender are given additional training.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section L, Prevention Plan, Employee Training, (effective 05/06/2021), page 16, indicates that employees will be trained to understand their responsibility in the detection, prevention, and reporting of an alleged sexual activity before it escalates to an act of sexual violence. SCDJJ Policy 241 Staff Development and Training Requirement.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section C., Training Requirements, (effective 05/06/2021), page 19, states that all employees must review this policy within 30 calendar days of its publication. All volunteers, interns, and contractors must be trained on any updates to this policy within 30 calendar days of its publication.

115.331 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years when an employee does not receive refresher training, the agency shall provide information on current sexual abuse and sexual harassment policies.

A select group of random staff (12) was interviewed during the onside portion of this audit. All random staff confirmed that employees who may have contact with youth are trained regarding:(1) Its zero-tolerance policy for sexual abuse and sexual

harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

Sample of training records.

PAQ 115.331 (c)-2 SCDJJ Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

SCDJJ PREA REFRESHER: Prisons and Jails Monitoring for Safety and Security, Tools of the Trade

SCDJJ PREA REFRESHER: Prisons and Jails Youth Support Services, confidential local advocacy center, 1-888-313-0073

SCDJJ PREA REFRESHER: Prisons and Jails Encouraging Youth to Report Sexual Abuse, Reporting Improves Facility Safety

SCDJJ PREA REFRESHER: Prisons and Jails Investigation, Who Investigates PREA?

SCDJJ PREA REFRESHER: Prisons and Jails Completing a PREA Incident Report, PREA Incident Reports

SCDJJ PREA REFRESHER: Prisons and Jails First Responder Duties, Securing the Victim and the Perpetrator

SCDJJ PREA REFRESHER: Prisons and Jails Duty to Report: Knowledge, Suspicion, or Information, Staff Duty to Report

SCDJJ PREA REFRESHER: Prisons and Jails Helping Youth Who Primarily Speak Another Language, Can a Youth Provide Interpretation?

SCDJJ PREA REFRESHER: Prisons and Jails Ways Youth Can Report, Multiple Ways Youth Can Report

SCDJJ PREA REFRESHER: Prisons and Jails Youth Privacy, Reasonable Privacy Does Not Compromise Security

SCDJJ PREA REFRESHER: Prisons and Jails Youth Privacy, Professional Communication

SCDJJ PREA REFRESHER: Prisons and Jails Professional Communication and Boundaries

SCDJJ PREA REFRESHER: Prisons and Jails PREA Basics, Zero Tolerance Policy

SCDJJ PREA REFRESHER: Prisons and Jails Handling Disclosures of Abuse

PAQ 115.331 (c)-3 Midlands confirmed the frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually, but at least every two years as required in PREA standards.

Sample of training records. Form 241 A, Training Attendance Roster, was examined by the Auditor.

During interviews with random staff, all confirmed participation in mandatory PREA training annually. Furthermore, the same staff explained that SCDJJ provided refresher training through an electronic e-learning platform and at shift briefings.

This Auditor interviewed the Validation Administrator/PREA Coordinator, who confirmed that she teaching recertification and annual training for SCDJJ employees are as scheduled.

115.331 (d): The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

PAQ 115.331 (d)-1 SCDJJ The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

SCDJJ indicates "yes" that the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4, In-Service Training, page 5, all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities as it relates to their job duties and responsibilities, as well as to promote professional growth and development

Documentation of employee signatures or electronic verification signifying comprehension of the training was examined by the Auditor.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
3. SCDJJ Policy 241 Staff Development and Training Requirements and Services (effective 09/19/2019)
4. Examination of the SCDJJ Recertification Training
5. Examination of the SCDJJ PREA and Implications for SCDJJ (effective 01/

2019) (Orientation)

6. Interview with random staff
7. Interview with the Validation Administrator/PREA Coordinator
8. Examination of a select sample of training records (corrective action)
9. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Monitoring for Safety and Security, Tools of the Trade
10. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Youth Support Services, confidential local advocacy center, 1-888-313-0073
11. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Encouraging Youth to Report Sexual Abuse, Reporting Improves Facility Safety
12. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Investigation, Who Investigates PREA?
13. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Completing a PREA Incident Report, PREA Incident Reports
14. Examination of SCDJJ PREA REFRESHER: Prisons and Jails First Responder Duties, Securing the Victim and the Perpetrator
15. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Duty to Report: Knowledge, Suspicion, or Information, Staff Duty to Report
16. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Youth Privacy, Reasonable Privacy Does Not Compromise Security
17. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Youth Privacy, Professional Communication
18. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Helping Youth Who Primarily Speak Another Language, Can a Youth Provide Interpretation?
19. Examination of SCDJJ PREA REFRESHER: Prisons and Jails PREA Basics, Zero Tolerance Policy
20. Examination of SCDJJ PREA REFRESHER: Prisons and Jails Handling Disclosures of Abuse

Corrective Action:

1. PAQ 115.331 (c)-3 Midlands confirmed the frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually, but at least every two years as required in PREA standards. Sample of training records. Form 241 A, Training Attendance Roster
2. PAQ 115.331 (d)-1 SCDJJ The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Documentation of employee signatures or electronic verification signifying comprehension of the training.

Conclusion:

To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random),

	interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either prior to or during the corrective action period to achieve full compliance with the standard.
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.332 (a): The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>PAQ 115.332 (a)-1 Midland confirmed that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>SCDJJ Volunteer Services Orientation Department of Juvenile Justice, PowerPoint, slides 1-52.</p> <p>SCDJJ Form 302RD Contractor Conduct Agreement</p> <p>The Auditor reviewed the PowerPoint presentation on SCDJJ Volunteer Orientation (training curriculum). The presentation covered PREA-related education, including an explanation of what PREA is, the SCDJJ Zero Tolerance Policy, the dynamics of sexual abuse, detecting signs of sexual abuse, the PREA incident report, first responder duties, and a discussion about boundaries.</p> <p>PAQ 115.332 (a)-2 Midland confirmed the number of volunteers and contractors who have contact with residents and who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 22.</p> <p>During the audit period, this Auditor interviewed two contract employees. Each confirmed completion of SCDJJ PREA training and specialized training as a result of their occupations as medical and mental health practitioners. Further, each confirmed that they were mandated reporters by law and were trained on how and who to report any suspicion of sexual abuse or sexual harassment immediately to a shift supervisor.</p> <p>A sample of training records of volunteers (0) and contractors (2) who may have contact with residents is forthcoming.</p> <p>115.332 (b): The level and type of training provided to volunteers and contractors</p>

shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

PAQ 115.332 (b)-1 SCDJJ The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents.

The Auditor reviewed the PowerPoint presentation on SCDJJ Volunteer Orientation (training curriculum). The presentation covered PREA-related education, including an explanation of what PREA is, the SCDJJ Zero Tolerance Policy, the dynamics of sexual abuse, detecting signs of sexual abuse, the PREA incident report, first responder duties, and a discussion about boundaries.

A sample of training records of contractors (2) who may have contact with residents is forthcoming.

PAQ 115.332 (b)-2 Midlands confirmed "yes" that all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the audit period, this Auditor interviewed two contract employees. Each confirmed completion of SCDJJ PREA training and specialized training as a result of their occupations as medical and mental health practitioners. Further, each confirmed that they were mandated reporters by law and were trained on how and who to report any suspicion of sexual abuse or sexual harassment immediately to a shift supervisor.

115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

PAQ 115.332 (c)-1 SCDJJ confirmed that the agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

A review of relevant documentation (e.g., signed acknowledgment of understanding by volunteers/contractors).

Evidence relied upon:

1. Pre-audit questionnaire
2. Examination of the SCDJJ Volunteer and Contractor Orientation Presentation
3. Examination of SCDJJ Form 302 RD Contractor Agreement
4. Interview with a medical practitioner (1)
5. Interview with a mental health practitioner (1)
6. Review of a select sample of records of training for contract employees (2)
7. Review of relevant documentation (e.g., signed acknowledgments of

	<p>understanding by contractors or volunteers)</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. PAQ 115.332 (a)-2 Midland confirmed the number of volunteers and contractors who have contact with residents and who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 22. 2. Sample of training records of contractors (2) who may have contact with residents. 3. PAQ 115.332 (b)-1 SCDJJ The level and type of training provided to volunteers and contractors is based on the services they provide and their level of contact with residents. Sample of training records of contractors (2) who may have contact with residents. 4. PAQ 115.332 (c)-1 SCDJJ confirmed that the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. Relevant documentation (e.g., signed acknowledgment of understanding by volunteers/contractors). <p>Conclusion:</p> <p>The narrative includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	--

115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.333 (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>PAQ 115.333 (a)-1 Midlands confirmed that residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p>

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section D1., Youth Education, (effective 05/06/2021), page 2, indicated that within 10 days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled or have limited reading skills. The information will include, but not be limited to:

- a. The SCDJJ zero-tolerance standard.
- b. How to avoid risk situations.
- c. How do you report being threatened, intimidated, or assaulted?
- d. How to obtain counseling and medical assistance, if victimized.
- e. Protection against retaliation.
- f. The risks and potential consequences of engaging in any sexual activity.
- g. Disciplinary action(s) for making false allegations.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with youth. SCDJJ staff will promptly respond to and investigate all allegations/ reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with youth and will cooperate with and support the prosecution of all responsible parties involved in such conduct. [Also see SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards]. SCDJJ YOUTH RECEIPT OF PREA ORIENTATION

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333]

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates consistent with SCDJJ Policy 321; each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]

PAQ 115.333 (a)-2 Midlands confirmed that 128 residents admitted in the past 12 months were given this information at intake.

PAQ 115.333 (a)-3 Midlands confirmed that the information was provided in an age-appropriate fashion: answered yes.

During the on-site audit, the Auditor randomly interviewed a sample of the youth. Each confirmed that the orientation process, including PREA-related education. PREA education included information such as the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and contact information for those youth seeking outside emotional support. According to the youth sampled, the educational material provided to youth during the intake process was delivered in a language and at a reading level that they understood. They also indicated that they were encouraged to ask questions. By examination of the Youth Safety Guide For Secure Facilities brochure, youth are provided written information about the agency's zero-tolerance policy towards sexual abuse, online tip contact information, retaliation, how to make a PREA report, false PREA allegations, relief from retaliation, how to save usable evidence, how to report PREA anonymously, appropriate boundaries, acts of sexual abuse, youth rights, victim and prevention facts. The brochure is designed to relate to youth and is easy to read for most youth.

During the onsite audit, the Facility Administrator and the PREA Compliance Manager determined that no youth were identified with limited English proficiency (LEP). All Spanish-speaking youth interviewed were bilingual and preferred English over their native language. According to the population roster for the facility, no other languages or cultures were represented in this population. The language line was not used during this audit. The Auditor determined through examination that the interpretive language does not require a youth's PIN number or personal PII to assist in communication with the youth. It requires a contract with a company; as a test, the Auditor provided the automated system with an authorization code. The Auditor then identified a language for which she was requesting an interpreter. The interpreter comes on the phone and introduces themselves to what would have been a youth in a language they understand. Access to the interpretive language is available from anywhere in the facility. During an internet search, the Auditor discovered that Global provided language interpretation 24/7, 365 days a year, in over 300 languages.

During the audit, an Auditor interviewed an Intake Staff member responsible for the intake process. The Intake Staff member and the officer explained (mock demo) the intake and orientation process, as no youths were scheduled to transfer into the facility at that time. According to the Intake Staff, youth are provided with a PREA brochure in English and Spanish. The information is also read to all youth entering the facility, and they also watch a PREA video in either language. A mental health practitioner conducts a face-to-face risk assessment with the youth, who a medical practitioner also sees. Staff members determine the youth's dorm, bed, programming, and other assignments based on factors such as criminogenic information, gender identity, family history, medical history, risk of victimization and

abusiveness, safety concerns, and personal views.

The intake records of residents who have entered the facility in the past 12 months have been reviewed (26). This includes logs or other documentation confirming that these residents received information during the intake process (such as resident signatures). Additionally, any relevant educational materials, like the resident handbook, are included to ensure that important information is covered and presented in a manner appropriate for their age. During the corrective action period, the Auditor examined (26) records related to orientation and offender education. Corrective action period, the Auditor examined (26) records related to orientation and offender education.

115.333 (b): Within 10 days of intake, the agency shall provide comprehensive, age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

PAQ 115.333 (b)-1 Midlands confirmed that 278 residents admitted in the past 12 months received comprehensive, age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake.

During interviews with a select sample of random and targeted youth (26), each youth confirmed that they received information regarding youth rights and responsibilities and the facilities rules when they arrived. Further, these same youth indicated being educated about:

- a. Their right to not be sexually abused or sexually harassed (All youth confirm)
- b. How to report sexual abuse or sexual harassment. (All youth confirmed)
- c. Their right not to be punished for reporting sexual abuse or sexual harassment. (all youth confirmed)
- d. About how long after coming here did you get the information mentioned above (a-c)(same day, next day)

Assess how the facility makes comprehensive education accessible to all confined persons (i.e., confined persons who are deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and have limited reading skills). The education department provides special accommodations to youth with special needs. According to the PREA Compliance Specialist, the assigned Social Worker and the education department are responsible for identifying reasonable accommodations for special needs youth.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

PAQ 115.333 (c)-1 Midlands confirmed that of those who were NOT educated (as stated in 115.333 (b)-1) within ten days of intake, all residents who have been educated subsequently answered yes.

PAQ 115.333 (c)-2 Midlands confirmed what date they were educated: on arrival.

PAQ 115.333 (c)3 Midlands indicated that the number still not educated is zero.

PAQ 115.333 (c)-4 Midlands answered "yes." the agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section D1., Youth Education, (effective 05/06/2021), page 2, indicated that within 10 days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or have limited reading skills. The information will include, but not be limited to:

- a. The SCDJJ zero-tolerance standard.
- b. How to avoid risk situations.
- c. How to report if being threatened, intimidated, and assaulted.
- d. How to obtain counseling and medical assistance, if victimized.
- e. Protection against retaliation.
- f. The risks and potential consequences of engaging in any sexual activity.
- g. Disciplinary action(s) for making false allegations.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth on youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with a youth. SCDJJ staff will promptly respond to and investigate all allegations/reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with youth. The agency will cooperate with and support prosecuting all responsible parties involved in such conduct. [Also see SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards]. SCDJJ JUVENILE RECEIPT OF PREA ORIENTATION

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor

Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333]

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates consistent with SCDJJ Policy 321; each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]

SCDJJ Policy 918 Youth Rights and Responsibilities, Section A., SCDJJ Recognizes the Following Youth Rights, Subsection 10 (effective 05/02/2019), page 2, indicates that youth have a right to attend educational instruction and programs as security permits.

SCDJJ Policy 336 Application of PREA Standards, Section C., Training and Education, Subsection 2, (effective 05/06/2021) page 4, indicates, consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]

During the audit, an Auditor interviewed an intake staff member responsible for the intake process. The intake staff member and the same officer demonstrated the intake and orientation process, as no youths were scheduled to transfer into the facility then. According to the intake staff, all youth transferred or placed at Midlands are issued a PREA brochure in either English or Spanish. The information is also verbally communicated to all youth upon entering the facility, and they also watch a PREA video in either English or Spanish. Each sampled youth indicated that, in general, intake began on the same day or the day after their arrival, and they were informed of their rights during the intake process.

115.333 (d): The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

PAQ 115.333 (d)-1 Midlands confirmed "yes" that youth PREA education is available in formats accessible to all residents, including those who are limited in English proficiency.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth-on-youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with a youth. SCDJJ staff will promptly respond to and investigate all

allegations/reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with youth. The agency will cooperate with and support prosecuting all responsible parties involved in such conduct. [Also see SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards]. SCDJJ JUVENILE RECEIPT OF PREA ORIENTATION

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333]

SCDJJ Policy 336 Application of PREA Standards, Section C1., Training and Education, (effective 05/06/2021), page 4 indicates consistent with SCDJJ Policy 321; each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]

SCDJJ Policy 918 Youth Rights and Responsibilities, Section A., SCDJJ Recognizes the Following Youth Rights, Subsection 10 (effective 05/02/2019), page 2, indicates that youth have a right to attend educational instruction and programs as security permits.

SCDJJ Policy 336 Application of PREA Standards, Section C., Training and Education, Subsection 2, (effective 05/06/2021), page 4, indicates, consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]

By examining brochures in English and Spanish, the Auditor confirmed the type of educational material provided to youth upon entering Midland. During the on-site audit, the Auditor randomly interviewed a sample of the youth. Each confirmed that the orientation process, including PREA-related education. PREA education included information such as the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and contact information for those youth seeking outside emotional support. According to the youth sampled, the educational material provided to youth during the intake process was delivered in a language and at a reading level that they understood. They also indicated that they were encouraged to ask questions. By examination of

the Youth Safety Guide For Secure Facilities brochure, youth are provided written information about the agency's zero-tolerance policy towards sexual abuse, online tip contact information, retaliation, how to make a PREA report, false PREA allegations, relief from retaliation, how to save usable evidence, how to report PREA anonymously, appropriate boundaries, acts of sexual abuse, youth rights, victim and prevention facts. The brochure is designed to relate to youth and is easy to read for most youth.

PAQ 115.333 (d)-2 Midlands confirmed that youth PREA education is available in formats accessible to all residents, including the deaf.

See PAQ 115.333 (c)-2.

PAQ 115.333 (d)-3 Midlands confirmed that youth PREA education is available in formats accessible to all residents, including the visually impaired.

See PAQ 115.333 (c)-2

PAQ 115.333 (d)-4 Midlands confirmed that youth PREA education is available in formats accessible to all residents, including those who are otherwise disabled.

See PAQ 115.333 (c)-2

PAQ 115.333 (d)-5 SCDJJ Resident PREA education is available in formats accessible to all residents, including those with limited reading skills.

See PAQ 115.333 (c)-2

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

PAQ 115.333 (e)-1 SCDJJ confirmed that the agency maintains documentation of resident participation in PREA education sessions.

The Auditor examined 25 sample documentation of resident participation in education sessions.

115.333 (f): In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

PAQ 115.333 (f)-1 SCDJJ confirmed "yes" that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

During the facility tour, the Auditor observed signage on all living units and in areas common to visitors and staff. PREA-related literature and posters were widely displayed, free of graffiti, readable for most individuals in English and Spanish, in colorful, large font sizes, and relatable to young people and youth. The information was accurate throughout the facility. On the living units, posters were noted on bulletin boards and near exits to living units. During informal conversations with the

youth unit, each understood PREA and how to report an incident.

Evidence relied upon:

1. Pre-audit questionnaire
2. Facility tour and observations
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021)
4. SCDJJ Policy 918 Youth Rights and Responsibilities (effective 05/02/2019)
5. SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021)
6. Interview with Intake Staff
7. Interview with the Facility Administrator
8. Interview with the PREA Compliance Manager
9. Interview with random and targeted youth
10. Examination of PREA-brochure, Youth Safety Guide for Secure Facilities (English)
11. Examination of PREA-brochure, Youth Safety Guide for Secure Facilities (Spanish)
12. Sample of documentation of youth participation in education sessions
(corrective action)
13. Poster: Zero Tolerance Poster for Sexual Abuse and Sexual Harassment (English)
14. Poster: Zero Tolerance Poster for Sexual Abuse and Sexual Harassment (Spanish)
15. Internet search: Global Interpretive Service, Inc.
16. Interview with the agency PREA Compliance Specialist

Corrective:

1. PAQ 115.333 (a)-3 Midlands confirmed that the information was provided in an age-appropriate fashion. Intake records of residents entering the facility in the last 12 months (spot check). 25 samples
Log or other record corroborating that those residents received information at intake (e.g., resident signatures). Any relevant education materials (e.g., resident handbook) should be used to ensure that relevant information is covered and material is presented age-appropriately.
2. PAQ 115.333 (b)-1 Midlands confirmed that 278 residents admitted in the past 12 months received comprehensive, age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake. Assess how the facility makes comprehensive education accessible to all confined persons (i.e., confined persons who are deaf or hard-of-hearing, Blind or have low vision, cognitively or functionally disabled, limited English proficient, non-English speaking, and have limited reading skills).
3. PAQ 115.333 (e)-1 SCDJJ confirmed that the agency maintains

	<p>documentation of resident participation in PREA education sessions. Sample of documentation of resident involvement in education sessions.</p> <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
--	---

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.334 (a): In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>PAQ 115.334 (a)-1 SCDJJ, the agency's policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section C., Training Requirements, Subsection 1, (effective 05/06/2021), page 1, All staff/employees will receive instruction related to the statutory law and policy concerning sexual violence, staff sexual harassment, and staff sexual misconduct and the prevention, detection, reporting, and investigation of such. Employees will receive this information as part of new employee orientation, consistent with SCDJJ Policy 241, Staff Development and Training Requirements and Services. Staff Development and Training will provide additional training as part of the annual employee training and will place a course containing this information on its annual training calendar.</p> <p>SCDJJ Policy 241 Staff Development and Training Requirements and Services, Procedural Guidelines, Section B, Role of Staff Development and Training (SD &T), page 1, Staff Development and Training (SD&T) at SCDJJ functions as the training center for the Agency. SD&T will develop and maintain the Agency's training plan and will support employee professional growth and development by ensuring that quality and diverse training opportunities are available.</p> <p>While conducting the on-site audit, the Auditor interviewed the investigative staff. The investigator confirmed that they had undergone training specifically for conducting sexual abuse investigations. Upon examination, the Auditor verified the training policy, reviewed the National Institute of Corrections (NIC) course</p>

curriculum for investigators, and confirmed the completion of the course for four investigators. The training curriculum includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Documentation that investigators have completed training

115.334 (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

While conducting the on-site audit, the Auditor interviewed the **Captain/Internal Integrity Administrator** and investigative staff. The investigator confirmed that he and three other investigators from the **Safety and Law Enforcement Services** had undergone training specifically for conducting sexual abuse investigations. Upon examination, the Auditor verified the training policy, reviewed the National Institute of Corrections (NIC) course curriculum for investigators, and confirmed the completion of the course for four investigators. The training curriculum includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Documentation that investigators have completed training

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

PAQ 115.334 (c)-1 SCDJJ The agency maintains documentation showing that investigators have completed the required training.

Upon examination, the Auditor verified the training policy, reviewed the National Institute of Corrections (NIC) course curriculum for investigators, and confirmed the completion of the course for four investigators. The training curriculum includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Confirmed documentation that four investigators completed specialized investigators training.

PAQ 115.334 (c)-2 Midlands confirmed that four investigators currently employed have completed the required training.

115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The Auditor is not required to audit this provision.

	<p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) 3. SCDJJ Policy 241 Staff Development and Training Requirements and Services (effective 09/19/2019) 4. SCDJJ Completion Certificate Investigator PREA Training-Complete (4) 5. Examination of NIC Training Curriculum for Investigators 6. Interview with Investigative Staff 7. Interview with the Captain/Internal Integrity Administrator, Safety and Law Enforcement Services <p>Corrective Action:</p> <p>None</p> <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either prior to or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>SCDJJ ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to</p>

detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

115.335 (a)-1 The agency has a policy related to training medical and mental health practitioners who work regularly in its facilities.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, (effective 09/19/2019) pages 1-8, Section 4., In-Service Training, and Section 5., Specialized and Occupational Trainings states that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

a. All SCDJJ employees are required to complete a minimum of 15 hours of job-related training annually per calendar year. As outlined in the training plan, additional training may be required for specified positions. Inservice training hours can be obtained through approved internal or external training.

b. Awarding in-service training hours is contingent upon meeting the required SD&T training approval guidelines outlined in the SCDJJ's training plan.

PAQ 115.335 (a)-2 SCDJJ indicates that three medical and mental health care practitioners who work regularly at this facility received the training required by agency policy.

A document titled "PREA Training Completion Clinical Health Services Education Chaplain Classification Staff," effective 04/30/2024, confirms that medical and mental health practitioners who work regularly at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

Further, SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training, (effective 09/19/2019), page 5, indicates that employees requiring specialized training should follow applicable Agency policies and their occupational licensure requirements and adhere to Agency training attendance guidelines.

PAQ 115.335 (a)-3 SCDJJ confirmed that 100% of all medical and mental health care practitioners who work regularly at this facility received the training required by agency policy.

During this audit, the Auditor interviewed a select group of medical (1) and mental health (1) practitioners. Each practitioner interviewed confirmed receiving the training required by the SCDJJ and as required by this standard. According to the medical and mental health practitioners, neither conducts forensic examinations nor has received training on how to conduct one. Forensic examinations are conducted at a local hospital by a SANE/SAFE examiner.

115.335 (b): If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

PAQ 115.335 (b)-1 Agency medical staff at this facility conduct forensic medical exams.

During interviews with a medical and mental health practitioner, each denied conducting a forensic examination or participating in a forensic examination during this reporting period. Both staff indicate that the agency would transport youth victims of sexual abuse to a local hospital with a forensic examiner or a qualified medical practitioner onsite.

115.335 (c): The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

SCDJJ Policy 421 Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training, page 5, indicates that employees requiring specialized training should follow applicable Agency policies and their occupational licensure requirements and adhere to Agency training attendance guidelines.

A document termed, PREA Training Completion Clinical Health Services Education Chaplain Classification Staff, dated 04/30/2024, confirms that medical and mental health practitioners who work regularly at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

PAQ 115.335 (c)-1 SCDJJ confirmed that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

PAQ 115.335 (d): SCDJJ confirmed that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending on their status at the agency.

A document titled "PREA Training Completion Clinical Health Services Education Chaplain Classification Staff," dated 04/30/2024, confirms that medical and mental health practitioners who work regularly at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Office of Professional Standards, Staff Development and Training, PREA and the Implication for SCDJJ, PowerPoint Slides 1-17

	<p>3. PREA Training Completion Clinical Health Services Education Chaplain Classification Staff," (effective 04/30/2024).</p> <p>4. SCDJJ Policy 421 Staff Development and Training Requirements and Services (effective 09/19/2019).</p> <p>Clarification:</p> <p>1. Training records and personnel records to verify that regular practitioners have been trained. (highlight practitioners)</p> <p>2. Review policy and verify that all required elements are addressed.</p> <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.</p>
--	--

115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>PAQ 115.341 (a)-1 SCDJJ The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>SCDJJ Policy 501 Evaluation Center Intake Operational Process (effective 01/03/2020), pages 1-9.</p> <p>By examination, this Auditor determined that SCDJJ has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other youth. (See SCDJJ Policy 501 Evaluation Center Intake Operational Process, effective 01/03/2020).</p> <p>PAQ 115.341 (a)-2 SCDJJ The policy requires that residents be screened for risk of</p>

sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, (effective 05/06/2021), page 5 indicates that within 72 hours of arrival at any SCDJJ facility, each youth's criminal and behavioral history will be reviewed by the intake officer during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior and will be documented on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D).

SCDJJ Policy 501 Evaluation Center Intake Operational Process, Subsection Receipt of Youth, Section D-17, (effective 01/03/2020), pages 6-7, indicates that within 72 hours of arrival, the Evaluation Center Multidisciplinary Team will review each youth's criminal and behavioral history during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior.

a. The Evaluation Center Multidisciplinary Team will determine a youth's vulnerability to sexual violence as indicated by risk factors such as 1) Prior sexual victimization or abusiveness

SCDJJ Policy 501 Evaluation Center Intake Operational Process indicates that within 72 hours of arrival at any SCDJJ facility, each youth's criminal and behavioral history will be reviewed by the intake officer during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior and will document his/her review on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D). The Facility Multidisciplinary Team will determine a youth's vulnerability to sexual violence.

This Auditor interviewed intake staff responsible for risk screening during the onsite portion of this audit. The intake staffer confirmed responsibility for conducting a portion of the risk screening during the intake process. The intake staff person indicated that youth entering the facility are screened individually and privately to allow youth to answer questions openly without fear of being overheard by others. During the onsite portion of this audit, zero youths were transferred or placed at the facility. Intake staff demonstrated a mock youth intake to allow this Auditor to observe the process. This Auditor confirmed that the agency employs a screening tool to collect information during risk screening. Further, the intake screener affirmed a requirement to ask youth about their sexual orientation and gender identity.

PAQ 115.341 (a)-3 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility:
Omitted

PAQ 115.341 (a)-4 SCDJJ The policy requires the resident's risk level to be reassessed periodically throughout their confinement.

SCDJJ Policy 501 Evaluation Center Intake Operational Process: The Evaluation Center Multidisciplinary Team will review each youth's criminal and behavioral history during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior based on the youth intake screening and Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D) VVSAS score.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 5 (effective 05/05/2021), page 5, indicates that the Facility Multidisciplinary will review each youth's behavior and adjustment since admission as a part of reclassification to continue the process of identifying and reclassifying potentially vulnerable/sexually aggressive youth.

During the onsite portion of this audit, the Auditor interviewed a mental health practitioner who confirmed conducting youth reassessment as part of reclassification as needed based on emerging information or the potential for sexual abusiveness or vulnerability.

Youth interviewed during the onsite portion of this audit confirmed being asked by facility staff responsible for risk screening regarding their gender identity and history of victimization and abusiveness. The Auditor examined a select sample of VVSAS records (26) of youth admitted to the facility during this reporting period to confirm appropriate screening occurred within 72 hours of arrival.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

PAQ 115.341 (b)-1 SCDJJ Risk assessment is conducted using an objective screening instrument.

SCDJJ Policy 501 Evaluation Center Intake Operational Process, Subsection Receipt of Youth, Section D-17, (effective 01/03/2020), pages 6-7, indicates that within 72 hours of arrival at any SCDJJ facility, each youth's criminal and behavioral history will be reviewed by the intake officer during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior and will document his/her review on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D). The Facility Multidisciplinary Team will determine a youth's vulnerability to sexual violence.

Upon reviewing (26) SCDJJ Form 321D Youth Intake Form Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) samples, this Auditor confirmed the screening instrument's objectivity.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming

appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Upon reviewing (26) SCDJJ Form 321D Youth Intake Form Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) samples, this Auditor confirmed that the screening instrument includes all criteria (1-11) outlined in Standard 115.341(c).

Staff responsible for risk screening, including a mental health practitioner, was interviewed. The practitioner explained the risk screening process and confirmed that the risk screening instrument included criteria 1-11 as outlined in Standard 115.341 (c). She also confirmed that she conducts interviews with youth in a private room to ensure they can answer questions openly without fear of being overheard by others. Additionally, she asked the youth directly if they identified as LGBTI and assessed their perceived gender identity status.

115.341 (d): This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During the onsite audit, the Auditor interviewed a staff member responsible for youth intake. The staff member confirmed that sensitive information such as health challenges, mental health history, history of victimization, and gender identity would be collected through conversations during the intake process, medical and mental health screenings, classification assessments, reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During the onsite audit, the Auditor interviewed the staff member responsible for youth intake and confirmed that sensitive information—including health challenges, mental health history, history of victimization, and gender identity—would be collected through conversations during the intake process, medical and mental health screenings, classification assessments, and reviews of court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

During the onsite audit, the Auditor interviewed the PREA Compliance Manager. The PREA Compliance Manager confirmed that sensitive information such as health challenges, mental health history, history of victimization, and gender identity would be collected through conversations during the intake process, medical and mental health screenings, classification assessments, reviewing court records, case files, facility behavioral records, and other relevant documentation from the

resident's files.

Moreover, the Validation Administrator/PREA Coordinator confirmed that SCDJJ has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to Standard 115.341 to ensure that sensitive information is not exploited to the youth's detriment by staff or other youth.

115.341 (e): The agency shall implement appropriate controls on disseminating responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

During the facility tour, the Auditor observed several record storage areas. Each storage area was enclosed in rooms with locking doors and file cabinets. According to a medical practitioner, access to records stored on the electronic platform is limited to medical and mental health practitioners, management, and staff with a role or responsibility related to the sensitive information. In informal conversations with non-custody staff, the Auditor confirmed that access to Personally Identifiable Information (PII) is strictly limited to a select group of practitioners or staff. Electronic safeguards include password protection and role-based security responsibilities.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 501 Evaluation Center Intake Operational Process (effective 01/03/2020)
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
4. SCDJJ Form 321D, Youth Intake Form Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (effective date 02/00/2022)
5. Interview with a medical practitioner (1)
6. Interview with a mental health practitioner (1)
7. Interview with intake staff (1)
8. Interview with the Validation Administrator/PREA Coordinator
9. Interview with the PREA Compliance Manager
10. Examination of 26 select VVSAS
11. Facility tour and observation of record storage

Clarification:

1. PAQ 115.341 (a)-3 The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: Omitted. Midlands will provide this number or indicate in writing that the agency does not collect this information.

	<p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either prior to or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>PAQ 115.342 (a)-1 SCDJJ The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p>SCDJJ Form 505A Housing Classification Scorecard (effective 2023), pages 1-2.</p> <p>VVSAS (Form 321 D) documentation of using screening information for these purposes (26).</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure, Subsection 3f., (effective 05/06/2021), page 8, states dissemination of responses to questions in the screening within the facility is strictly limited to medical and mental health practitioners and, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments to ensure that sensitive information is not exploited to the youth's detriment by staff or other youth and that all youth are kept safe and free youth's file and restricted to those authorized to access youth records.</p> <p>By examining the SCDJJ Form 505A Housing Classification Scorecard and reviewing (26) VVSAS (Form 321D) records for youth, this Auditor determined that SCDJJ uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The VVSAS and the housing classification scorecard outline how decisions are made following this standard.</p>

During the onsite portion of this audit, the PREA Compliance Manager explained how the classification committee would use information obtained during intake screening from the youth, such as the face-to-face interview with the youth sharing their views of vulnerability, history of victimization or abusiveness, coupled with court records, and criminogenic history to inform housing, bed, work, education, and program assignments to keep all youth safe and free from sexual abuse.

Likewise, this Auditor interviewed a staff member responsible for risk screening. The same staff explained what factors influence the classification committee's decision and informed housing, bed, work, education, and program assignments to keep all youth safe and free from sexual abuse, such as a history of institutional victimization or sexual safety concerns.

Documentation of risk-based housing decisions is forthcoming. Submitted by SCDJJ.

115.342 (b): Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily medical or mental health care clinician visits. Residents shall also have access to other programs and work opportunities to the extent possible.

PAQ 115.342 (b)-1 SCDJJ The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe and only until an alternative means of keeping all residents safe can be arranged.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section G. Conditions and Access to Services, Subsection 3, (effective 05/06/2021), page 12.

SCDJJ Policy 323, Isolation of Youth, Section G., Conditions and Access to Services, Subsection 3. (effective 11/15/2023), pages 10-11.

PAQ 115.342 (b)-2 SCDJJ The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section G. Conditions and Access to Services, Subsection 3, (effective 05/06/2021), page 12.

SCDJJ Policy 323, Isolation of Youth, Section G., Conditions and Access to Services, Subsection 3. (effective 11/15/2023), pages 10-11.

SCDJJ Policy 323 Isolation of Youth, Section G. Conditions and Access to Services, Subsection 3, (effective 11/15/2023), pages 10-11, indicates that within the first school day after a youth is placed in isolation, SCDJJ will provide meaningful education services delivered by a teacher certified by the State or an associate teacher working under the supervision of a teacher certified by the State. If a youth

needs to regain self-control to receive in-person educational services, representatives from the Multidisciplinary Team (MDT) will meet to discuss temporary alternatives to in-person education.

Under SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section G. Conditions and Access to Services, Subsection 3 (effective 05/06/2021), page 12, youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with SCDJJ Policy 323, Isolation of Youth when housed in isolation.

PAQ 115.342 (b)-3 Midlands confirmed the number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

PAQ 115.342 (b)-4 Midlands confirmed that the number of residents at risk of sexual victimization who were placed in isolation and who have been denied daily access to large muscle exercise and/or legally required education or special education services in the past 12 months was zero.

PAQ 115.342 (b)-5 Midlands confirmed that the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months was zero.

During an interview with the Facility Administrator, the administrator confirmed that zero youth were placed in isolation due to the risk of sexual victimization who were placed in isolation in the past 12 months.

An interview with the custody staff who supervise youth in isolation confirmed that no youths were placed in isolation due to the risk of sexual victimization in the past 12 months. During the facility tour, this Auditor observed that youth with restricted status were assigned to their rooms within the living unit. None of the youth were placed on restricted status as a result of victimization risk. No case files were reviewed for youth held in isolation during the past year who were placed there due to a risk of sexual victimization. Additionally, no records regarding the length of placement for youth at risk of sexual victimization in isolation over the past year were examined. See PAQ 115.342 (b-3,4,5), which all indicate no youths were held in isolation due to the risk of sexual victimization during the last 12 months.

During an interview with a medical and mental health practitioner, both practitioners denied knowledge of any youth being placed in isolation or restricted status due to the risk of sexual victimization who were placed in isolation in the past 12 months.

115.342 (c): Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

PAQ 115.342 (c)-1 SCDJJ The facility prohibits placing lesbian, gay, bisexual,

transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d, (effective 05/06/2018), page 3.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure, Subsection 6a8, (effective 05/06/2021), page 6.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure, Subsection 6a8, (effective 05/06/2021), page 6, indicates that any non-conforming gender appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) and whether the youth may be vulnerable to sexual abuse. Youth who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated in accordance with SCDJJ Policy 918, Youth Rights and Responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. [PREA Standard(s) §115.342 (c)]. Employees completing the youth intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) Form 321E. Facilities.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d, (effective 05/06/2018), page 3, indicates that identifying as LGBTQ will not be the sole factor in determining placement.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B, Facility Housing Plan, Subsection 1e (effective 05/06/2018), page 3, indicates that it will not be made solely on the basis of a person's anatomy or gender assigned at birth. To a great degree, housing consideration will be focused on the youth's needs, health, and safety. However, strong emphasis will be placed on safety.

PAQ 115.342 (c)-2 SCDJJ The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section F. Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 6a, (effective 05/06/2021), pages 5-6, indicate that on arrival at any SCDJJ facility, each youth's criminal and behavioral history will be reviewed by the intake officer during the initial classification process to determine his/her potential risk of sexual vulnerability or sexually aggressive behavior and will document his/her review on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D). The Facility Multidisciplinary Team will determine a youth's vulnerability to sexual violence to determine the youth's vulnerability to sexual violence when considering risk factors such as:

- 1) Age.
- 2) Physical stature.

3) Developmental or physical disability.
4) Mental illness.
5) Sex offender status.
6) Number of commitments/first-time commitments.
7) Past history of victimization.
8) Any non-conforming gender appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) and whether the youth may be vulnerable to sexual abuse. Youth who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated under SCDJJ Policy 918, Youth Rights and Responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. [PREA Standard(s) §115.342 (c)].

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d and e, (effective 05/16/2018), page 3, indicates that identifying as LGBTQ will not be the sole factor in determining placement. If a youth identifies as a transgender or intersex youth, then housing will be made on a case-by-case basis. It will not be made solely on the basis of a person's anatomy or gender assigned at birth. To a great degree, housing consideration will be focused on the youth's needs, health, and safety. Strong emphasis will be placed on safety.

"During the audit process, the Validation Administrator/PREA Coordinator confirmed that the agency or facility uses VVSAS information from risk screening during intake (as per 115.341) to make informed decisions about housing, programs, and placement for youth, to ensure that all youth are protected from sexual victimization and abuse."

During an interview, the PREA Compliance Manager indicated that the Midlands Evaluation Center (MEC) does not have special housing units for LGBTQI youth.

During the onsite audit, no transgender or intersex youth were identified by the Validation Administrator/PREA Coordinator, the PREA Compliance Manager, or medical and mental health practitioners. Additionally, no gay, bisexual, or lesbian youth were identified during the audit. There were no documents found regarding the housing assignments of youth identified as lesbian, gay, bisexual, transgender, or intersex for compliance review.

115.342 (d): In deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

PAQ 115.342 (d)-1 SCDJJ In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, see PAQ 115.342 (c)-2

for additional policy-relevant information.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d and e, (effective 05/16/2018), page 3

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d and e, (effective 05/16/2018), page 3, indicates that identifying as LGBTQ will not be the sole factor in determining placement. if a youth identifies as a transgender or intersex youth, then housing will be made on a case-by-case basis. It will not be made solely on the basis of a person's anatomy or gender assigned at birth. To a great degree, housing consideration will be focused on the needs, health, and safety of the youth. Strong emphasis will be placed on safety.

PAQ 115.342 (d)-2 Midlands confirmed that in making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B., Facility Housing Plan, Subsection 1d and e, (effective 05/16/2018), page 3, indicates that identifying as LGBTQ will not be the sole factor in determining placement. if a youth identifies as a transgender or intersex youth, then housing will be made on a case-by-case basis. It will not be made solely based on a person's anatomy or gender assigned at birth. To a great degree, housing consideration will be focused on the youth's needs, health, and safety. Strong emphasis will be placed on safety.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, see PAQ 115.342 (c)-2 for additional policy-relevant information

During the onsite audit, no transgender or intersex youth were identified by the PREA Coordinator, the PREA Compliance Manager, or medical and mental health practitioners. Additionally, no gay, bisexual, or lesbian youth were identified during the audit. There were no documents found regarding the housing assignments of youth identified as lesbian, gay, bisexual, transgender, or intersex for compliance review.

According to the PREA Compliance Manager, SCDJJ/ Midlands determines housing and program assignments for transgender or intersex youth on a case-by-case basis.

115.342 (e): Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

During the onsite audit, no transgender or intersex youth were identified by the Validation Administrator/PREA Coordinator, the PREA Compliance Manager, or medical and mental health practitioners. Additionally, no gay, bisexual, or lesbian youth were identified during the audit. There were no documents found regarding

the reassessment of programming assignments for transgender or intersex youth to consider in making a compliance determination for compliance with the standard. During an interview with a mental health practitioner, the practitioner confirmed that intersex and transgender youth shall be reassessed at least twice each year to review any threats to safety experienced by the youth.

115.342 (f): A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

SCDJJ Policy 321 Prevention of Sexual Abuse toward Youth, Section G., Youth Supervision and Security Practices, Subsection 6., (effective 05/06/2021), page 9, indicates that the Facility Multidisciplinary Team will reassess transgender and intersex youth placement and programming assignments at least twice each year to review any threats to safety experienced by the youth and to document the assessment

During the onsite audit, no transgender or intersex youth were identified by the Validation Administrator/PREA Coordinator, the PREA Compliance Manager, or medical and mental health practitioners. Additionally, no gay, bisexual, or lesbian youth were identified during the audit. There were no documents found regarding the reassessment of programming assignments for transgender or intersex youth to consider in making a compliance determination for compliance with the standard. During an interview with a mental health practitioner, the practitioner confirmed that intersex and transgender youth shall be reassessed at least twice each year to review any threats to safety experienced by the youth, and their views with respect to his or her own safety shall be given serious consideration

115.342 (g): Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

SCDJJ Policy 321 Prevention of Sexual Abuse toward Youth, Section G., Youth Supervision and Security Practices, Subsection 6., (effective 05/06/2021) page 9, indicates that the Facility Multidisciplinary Team will reassess transgender and intersex youth placement and programming assignments at least twice each year to review any threats to safety experienced by the youth and to document the assessment. A transgender or intersex youth's views to his/her safety will be given serious consideration and documented. Transgender and intersex youth will be provided the opportunity to shower separately from other youth

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document (1) The basis for the facility's concern for the resident's safety and (2) The reason why no alternative means of separation can be arranged.

PAQ 115.342 (h)-1 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: a statement of the basis for the facility's concern for the resident's safety, and the reason or reasons why alternative means of separation cannot be arranged. was zero.

Zero case files were reviewed of youth at risk for victimization who were held in isolation in the past 12-month period. See PAQ 115.342 (h)-1 confirmation that zero youth were isolated for risk of victimization in the past 12-month period. During an interview with the Validation Administrator/PREA Coordinator and the PCM, each confirmed information contained in PAQ 115.342 (h)-1 as zero.

115.342 (i): Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

See PAQ 115.342 (h)-1 confirmation that zero youth were isolated for risk of victimization in the past 12-month period. During an interview with the Validation Administrator/PREA Coordinator and the PCM, each confirmed information contained in PAQ 115.342 (h)-1 as zero. However, each the PCM and the PREA Coordinator, in separate interviews, confirmed that if a youth was held in isolation for risk of victimization every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, Subsection 3., (effective 05/06/2021), page 8, indicates that youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with SCDJJ Policy 323, Isolation of Youth, when housed in isolation. If a youth is isolated from other youth, the Facility Multidisciplinary team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at least every 30 days to review all youth assigned to isolation/segregation and determine the need for continued isolation/segregation.

PAQ 115.342 (i)-1 SCDJJ If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, Subsection 3., (effective 05/06/2021), page 8, indicates that youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with SCDJJ Policy 323, Isolation of Youth, when housed in isolation. If a youth is isolated from other youth, the Facility Multidisciplinary team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at least every 30 days to review all youth assigned to isolation/segregation and determine the need for continued isolation/segregation.

In the on-site part of the audit, staff members who oversee youth in isolation were interviewed. They confirmed that the Multidisciplinary Team will convene at least every 30 days to review all youth placed in isolation/segregation, assess the

necessity of continued isolation/segregation, and document all decisions made regarding placement. The Auditor toured all areas of the facility, including rooms where youth were identified as segregated. These youth were confined to their rooms but were allowed to participate in educational programming and physical exercises. None of the youth were placed in restricted conditions due to the risk of sexual victimization.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
3. SCDJJ Policy 323, Isolation of Youth (effective 11/15/2023)
4. SCDJJ Policy 512 Classification System for Housing in Secure Facilities (effective 05/16/2018)
5. SCDJJ Form 505A, Housing Classification Scorecard (effective date 09/00/2023)
6. Interviews with the Validation Administrator/PREA Coordinator
7. Interview with the PREA Compliance Manager
8. Interview with staff who supervise youth in isolation
9. Interview with staff responsible for risk screening
10. Interview with a medical practitioner
11. Interview with a mental health practitioner
12. Interview with the Facility Administrator

Corrective Action:

1. PAQ 115.342 (a)-1 SCDJJ The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Documentation of risk-based housing decisions. Classification Scorecard. Submitted 26 scorecards.

Conclusion:

To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.351 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents

PAQ 115.351 (a)-1 SCDJJ The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 1c., Youth (effective 05/06/2021) page 3, supports this substandard. The policy states, "a youth may also call any outside agency or entity involved with ensuring the safety of children, to include Protection Advocacy for the Handicapped or the Department of Social Services. Neither the Protection Advocacy for the Handicapped nor the Department of Social Services contact information was observed by the Auditor during the facility tour and site review.

During the facility tour, the Auditor observed SCDJJ ZERO Tolerance posters and sexual safety information displayed in common areas for youth, staff, and visitors. The PREA posters (English/Spanish) were accurate, consistent, clearly displayed, pristine, and graffiti-free. The font size was readable for most individuals and positioned at eye level for those of average height. Audit notices were relevant to this audit. Writing instruments were abundant; some grievance boxes (Let's Talk) were tattered but operational, and the same was noted throughout the facility.

SCDJJ Zero Tolerance Posters displayed (English/Spanish) throughout the facility and on each living unit inform youth, family, and visitors of multiple ways to report sexual abuse or sexual harassment, such as:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the Validation Administrator/PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone outside the facility. They can report on your behalf by calling (866) 313-0073, an external entity, the SCDJJ Office of the Inspector General Tipline.
- You can also submit a report on someone else's behalf, or someone at the facility can report for you using the methods listed here.
- Call Sexual Trauma Services of the Midlands at (803) 771-7273.
 - PREA Standard 51(b) provides that generally: "The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that can receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials, allowing the

inmate to remain anonymous upon request.” The purpose of this provision is to provide youth with a way to report sexual abuse or harassment to someone outside of the corrections agency. SCDJJ acknowledges that the Sexual Trauma Services of the Midlands focuses on supporting victims and not on reporting sexual abuse and sexual harassment.

Informal conversations with youth in each living unit confirmed that they received an SCDJJ Youth PREA Brochure (English/Spanish). By examination, this Auditor determined that the PREA brochure contains essential information such as how to make a PREA report, how to seek relief from retaliation, and what to do (or not do) if you are a victim of sexual assault.

Through random staff interviews, this Auditor confirmed that all staff were familiar with SCDJJ's Zero Tolerance Policy, the process for reporting sexual abuse and harassment, and the agency's mandatory reporting requirements.

Through random and targeted interviews with youth at Midlands, all were familiar with SCDJJ's Zero Tolerance Policy and the multiple ways for reporting sexual abuse, sexual harassment, and retaliation (internally and externally). All youth interviewed confirmed that the PREA reporting information provided by the agency was written in a language and on a reading level they understood.

Reporting in Writing

Interviews with a random group of youth confirmed that they can file a grievance related to the Prison Rape Elimination Act (PREA) by placing their complaint in a designated drop box located in the living unit. Paper and pencils are readily available for this purpose. The youth also mentioned other options for reporting such grievances, including speaking with a trusted staff member, a social worker, a court representative, or a chaplain. Grievance forms are accessible in the living unit and can be obtained from staff upon request. During this reporting period, five youth chose to utilize the written grievance process to report incidents of sexual abuse or sexual harassment. Refer to 115.352(d) 2 for further details.

The Auditor noted abundant paper and pencils during the facility tour, site review, and observations. Additionally, youth in the living units informally shared that they could request more paper from the unit officer, a social worker, or a school teacher if needed. According to the PREA Compliance Manager, access to the grievance boxes is limited to designated staff responsible for managing and processing grievances for MEC.

The Auditor tested the SCDJJ electronic system, available on the agency's website at standards@djj.sc.gov. However, the email was returned with the message: "The recipient's domain rejected your message because the recipient's email address isn't listed in the domain's directory." The Auditor then attempted to send a second email to the Validation Administrator, PREA Coordinator, and Standards Manager, who is listed on the webpage as the point of contact for PREA. Unfortunately, both

the second and third attempts were also returned as undeliverable, indicating a need for corrective action.

Additionally, the Auditor tested the South Carolina Office of the Inspector General tipline 1-866-313-0073. This hotline functions as a messaging service, informing callers that they can request a callback or leave a message and that their call will be returned. On April 20, 2025 (a holiday), the Auditor attempted to contact the number provided to the youth on PREA posters located throughout the facility. The Auditor left a message and her phone number, requesting a return call.

Under this Standard 115.351, the general requirements include:

- Clear and accurate information about which reporting mechanisms satisfy the external reporting requirement. - clarification required.
- PREA Information was readily accessible to youth and available from multiple sources (e.g., posters, brochures, orientation materials, etc)
- Information must be consistent among the various sources—clarification required.
- How can the reporting mechanisms be utilized if the youth wishes to remain anonymous?
 - According to the SCDJJ PREA Brochure, Youth Safety Guide for Secure Facilities, youth can make anonymous reports to:
 - The National Sexual Abuse Hotline (toll-free) 800-656-HOPE (4673)
 - Upstate Evaluation Center Safe Passage (toll-free) 855-422-4453
 - Coastal Evaluation Center Dee Norton Child Advocacy Center 843-723-3600
 - The Midlands Sexual Trauma Services of the Midlands 803-771-7273

The SCDJJ Zero Tolerance Posters do not include information on how youth can report sexual abuse or sexual harassment anonymously. During intake, each youth receives an SCDJJ PREA Brochure, the Youth Safety Guide for Secure Facilities, which contains the necessary information. However, it is highly recommended that this information be consistent across all communication platforms the organization uses to inform youth of how to report privately to agency officials.

115.351 (b): The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

PAQ 115.351 (b)-1 SCDJJ The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office outside the agency. Yes.

As evidence of compliance with this substandard, SCDJJ provided this Auditor with a

SCDJJ Letter of Agreement between the agency and the South Carolina Law Enforcement Division (SLED) dated 12/07/2022 to a Captain of the South Carolina Law Enforcement Division (SLED). The letter confirms a previous agreement via phone on September 18, 2022. SLED agrees that any youth confined at an SCDJJ facility can report sexual abuse or sexual harassment by writing to SLED. SCDJJ agrees to provide the youth with the tools necessary to make a written report. Several attempts to contact SLED by phone went unreturned. This Auditor also alerted SCDJJ, the Compliance Specialist, acting on behalf of the Validation Administrator/PREA Coordinator, of her inability to contact SLED. On 4/20/2025, this Auditor sought contact specifically with SLED (Captain B.J.) through the contact number on the agency's website. This Auditor left her contact information. No call was returned.

PAQ 115.351 (b)-2 The agency has a policy requiring residents detained solely for immigration purposes to be provided with information on contacting relevant consular officials and Department of Homeland Security officials. Yes.

According to the SCDJJ Compliance Manager and the PCM, the facility never houses youth detained solely for civil immigration purposes, so this substandard is not applicable. The information checked in this substandard was in error.

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

PAQ 115.351 (c)-1 SCDJJ The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 2b, Employees (05/06/2021), page 4, indicates that all staff will accept reports made verbally, in writing, anonymously, and/or from third parties and promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone, apart from designated supervisors, other than the extent necessary to make treatment, investigation, and other security and management decisions.

Through interviews with a randomly selected group of MEC staff, all confirmed a duty to accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.

During interviews with a sample of specialized MEC staff, it was unanimously confirmed that there is an obligation to receive reports through various methods to report abuse or harassment. These methods include verbal communication, written documents, anonymous submissions, and third-party information. Furthermore, medical and mental health practitioners indicated during separate interviews that, under legal state mandates and professional licensing requirements, they are required to act as mandated reporters.

PAQ 115.351 (c)-2 SCDJJ Staff are required to document verbal reports.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 2b, Employees, (effective 05/06/2021), page 4, indicates that all staff will accept reports made verbally, in writing, anonymously, and/or from third parties and promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone, apart from designated supervisors, other than the extent necessary to make treatment, investigation, and other security and management decisions.

SCDJJ Policy 336 Application of the PREA Standards, Section E., Youth Reporting, Subsection 2. (effective 05/06/2021), page 6, indicates that consistent with SCDJJ Policy, all employees, contractors, and volunteers are mandated to report any knowledge of alleged communicated or suspected abuse of youth immediately. Policy 321, Prevention of Sexual Offenses toward Youth; 222, Employee Ethics and Relations with Others; 322, Alleged Abuse and Neglect of a Youth; 326, Reporting Events; and 914, Volunteer Services. [PREA Standard(s) §115.351 (c)].

Interviews with a random sample of MEC youth (22) confirmed their understanding that reports of sexual abuse and harassment can be made in various ways, such as in person, in writing, anonymously, or with the help of a friend or family member.

Interviews with a randomly selected sample of MEC staff members, in accordance with SCDJJ Policy 336 and 321, all confirmed that when a youth experiences sexual abuse or harassment, staff members will accept reports in various forms, including verbal accounts, written notes, anonymous submissions, or reports made through third parties. Staff must immediately notify a supervisor about the incident and document it accordingly. Further, SCDJJ employees must inform their supervisor immediately and submit an SCDJJ Event Report using the Event Reporting System (ERS). The supervisor must then ensure that a verbal report is promptly communicated to the SCDJJ Central Communications (Dispatch) Unit. For more details, refer to SCDJJ Policy 336, Application of the PREA Standards, Section E, Youth Reporting, Subsection 2, page 6, and SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, Section E, Reporting Procedures, Subsection 2b, Employees, page 4.h, Section E, Reporting Procedures, Subsection 2b, Employees, page 4.

115.351 (d): The facility shall provide residents with the tools necessary to write a report.

PAQ 115.351 (d)-1 SCDJJ The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Interviews with a random sample of youth (22) confirmed they could file a PREA-related grievance by placing their complaint in a drop box in the living unit. Paper and pencils were available in the living units for this purpose. The youth also identified other options for reporting, such as speaking with a trusted staff member, a social worker, a probation officer, the courts, or a chaplain.

During the facility tour and site review, the Auditor observed that paper and pencils

were abundant. Informally, youth in the living units mentioned that they could request additional paper from the unit officer, social worker, or school teacher if needed.

115.351 (e): The agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

PAQ 115.351 (e)-1 SCDJJ The agency has established procedures for staff to report sexual abuse and sexual harassment of residents privately.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 2b, Employees, (effective 05/06/2021), page 4, indicates that all staff will accept reports made verbally, in writing, anonymously, and from third parties and promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone, apart from designated supervisors, other than the extent necessary to make treatment, investigation, and other security and management decisions.

SCDJJ Policy 326 Reporting Events, Section D. Responsibilities, Subsection 1, (effective 04/15/2019), page 3, supervisors will ensure that serious incidents, accidents, and events are immediately reported to their respective Regional/Facility Managers. Each Manager will ensure a report is made to their respective Deputy Director/Associate Deputy. Deputy Directors/Associate Deputies will determine the events they wish to be notified of and the time frames for notification.

SCDJJ Policy 326 Reporting Events, Section D. Responsibilities, Subsection 3 (effective 04/15/2019), page 3, non-security staff at programs, group homes, wilderness camps, administrative offices, and contract facilities are expected to follow the guidelines outlined in this policy.

When a youth is sexually abused or sexually harassed, staff will accept a verbal report, a written report, a note, a report made anonymously, or reports made through third parties. They will then immediately notify a supervisor and document the incident. The SCDJJ policy requirement was confirmed through interviews with a select sample of random staff members. The employee will immediately inform his/her supervisor and submit an SCDJJ Event Report in the Event Reporting System (ERS). The supervisor will ensure that a verbal report is immediately telephoned to the SCDJJ Central Communications (Dispatch) Unit (See SCDJJ Policy 336 Application of the PREA Standards, Section E., Youth Reporting, Subsection 2., page 6 and SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 2b, Employees, page 4). Further, SCDJJ affords all staff access to the toll-free Office of the Inspector General tipline, where staff, the family, or a friend of a detained youth also has access to the tipline.

PAQ 115.351 (e)-2 SCDJJ Staff are informed of these procedures in the following ways:

SCDJJ Policy 326 Reporting Events, Section A, Training Requirements (effective 04/15/2019), page 2 indicates that all staff will receive training in reporting events as

part of the initial SCDJJ New Employee Orientation Program. Juvenile Correctional Officers/ Specialists will receive training in the ERS as part of their on-the-job training.

SCDJJ Policy 336 Application of PREA Standards, Section E., Youth Reporting, Subsection 2, (effective 05/06/2021), page 6, indicates that consistent with SCDJJ Policy, all employees, contractors, and volunteers are mandated to report any knowledge of alleged, communicated, or suspected abuse of a youth immediately. Policy 321, Prevention of Sexual Offenses toward Youth; 222, Employee Ethics and Relations with Others; 322, Alleged Abuse and Neglect of a Youth; 326, Reporting Events; and 914, Volunteer Services. [PREA Standard(s) §115.351 (c)].

SCDJJ Policy 336 Application of PREA Standards, Section E., Youth Reporting, Subsection 3, (effective 05/06/2021), page 6, indicates employees, volunteers, contractors, or anyone who knows alleged, communicated, or suspected abuse can report anonymously to the Safety and Law Enforcement Services previously known as Division of Investigative Services (DIS) at 1-866-313-0073. [PREA Standard(s) §115.351 (c)(e) SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth.

Through interviews with random staff, all confirmed to this Auditor an awareness and understanding of reporting requirements and procedures for sexual abuse, sexual harassment, and retaliation for reporting. Further, all staff interviewed provided this Auditor with methods to privately report sexual abuse or sexual harassment, such as using the SCDJJ tip line, contacting SLED in writing, or reporting an event through the ERS electronic platform. This Auditor confirmed by calling the tip line that this system is on-demand with a recording that asks the speaker to acknowledge how or if they want to be contacted by SLED regarding an allegation. All staff confirmed that if a direct report supervisor is the object of a PREA complaint, they are not required to report the event to that supervisor.

Evidence relied upon:

1. Pre-audit questionnaire
2. Facility tour and site review
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021)
4. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021)
5. SCDJJ Policy 326 Reporting Events (effective 04/15/2019)
6. SCDJJ Letter of Agreement (dated 12/07/2022)
7. Interviews with random staff
8. Interview with the SCDJJ Compliance Specialist
9. Interview with the PREA Compliance Manager
10. Interviews with specialized staff
11. Interviews with random and targeted youth (22)
12. Testing external systems of reporting
13. Facility tour and observations
14. Examination of signage

15. SCDJJ Youth Brochure
16. SCDJJ ZERO Tolerance Poster (Spanish/English)

Clarification:

1. 115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes to be provided information on contacting relevant consular officials and Department of Homeland Security officials. SCDJJ's answer was yes. SCDJJ Compliance Specialist confirmed that the agency currently does not detain solely for civil immigration purposes to provide information on contacting relevant consular officials and Department of Homeland Security officials.
2. 115.351 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Grievance boxes: Let's Talk.

Corrective Action:

1. The Auditor also tested the SCDJJ electronic system on the agency's website at standards@djj.sc.gov. The email returned to the Auditor, indicating, "The recipient's domain rejected your message because the recipient's email address isn't listed in the domain's directory." After several attempts, the agency resolved this issue.
2. Additionally, the Auditor tested the Office of the Attorney General, Department of Investigative Services Hotline, at 1-866-313-0073. This hotline serves as a message service. The message informs the caller that they can request a callback or leave a message, and the call will be returned. On 4/20/2024, this Auditor contacted the hotline and left her contact information for a callback to test the service.
3. PREA Standard 115.33 or PREA Standard 115.51(b) is not satisfied because the facility does not indicate which avenue, if any, is the external reporting entity. While an inmate could "guess" that the PREA hotline is an external reporting entity, it is at least equally likely that the PREA hotline is an internal agency contact. In addition, there is no indication of how the inmate may request anonymity.
4. The agency offers at least one method for residents to report abuse or harassment to an independent public or private entity. According to the PREA Letter of Agreement dated September 18, 2022, the South Carolina Law Enforcement Division (SLED) has agreed to act as the external reporting mechanism for youth at the South Carolina Department of Juvenile Justice (SCDJJ) to report allegations of sexual abuse or harassment. Furthermore, the Auditor informed the SCDJJ PREA Compliance Specialist of her challenges establishing contact with SLED. On April 20, 2025, the Auditor made a final attempt to contact SLED at (803)737-9000. During the call, the SLED

	<p>representative was unaware of the agreement but was willing to take down callback information from Captain BJ, who signed the agreement between SLED and SCDJJ.</p>
--	--

115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>PAQ 115.352 (a)-1 The agency, SCDJJ, has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>SCDJJ Policy 920 Youth Grievances Process (effective 10/15/2023), page 1, states that the South Carolina Department of Juvenile Justice (SCDJJ or Agency) will administer a fair and equitable youth grievance process to address legitimate youth concerns effectively and expeditiously. Youth have the right to file a grievance regarding any status or situation under agency control. The Youth Grievances and Family Support department will manage this process, providing a timely and fair resolution to youth complaints and ensuring that each youth is treated objectively and without discrimination. All youth, including those with disabilities, shall have equal access to the grievance process. Properly executing the grievance system builds trust between the youth and the agency, creating a transparent and communication-centered culture, leading to better outcomes and increased safety for staff and youth. (SCDJJ grievance forms are termed "What's Up" forms).</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E, Reporting Procedures, Subsection 1c, Youth (effective 05/06/2021), page 5, indicates that as an alternative, youth may report information confidentially through the SCDJJ Sick Call Process (SCDJJ Policy 605) or anonymously through the Youth Grievance Process (SCDJJ Policy 920), which any staff member will provide. A youth may also call any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped or the Department of Social Services.</p> <p>PAQ 115.352 (b)-2: Midlands confirmed that (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process or to attempt otherwise to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a resident's lawsuit because the applicable statute of limitations has expired.</p>

SCDJJ Policy 920, Youth Grievance Process, Section B, Youth Access, Subsection 4 (effective 10/15/2023), page 5, indicates youth shall be encouraged to file timely grievances to address their issue when their issue is not resolved by an informal discussion for the Grievance Coordinator to assist them via the acquisition of current information, interviews, and video. There is no time limit for reporting a grievance or other allegation. Interviews with random and targeted youth confirmed that filing a grievance is one method to initiate a PREA event. There is no time limit on when a youth may submit a grievance regarding an allegation of sexual abuse.

PAQ 115.352 (b)- (1) SCDJJ, the agency's policy or procedure, allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

SCDJJ Policy 920 Youth Grievance Process, Section B., Youth Access Subsection 5 (effective 10/15/2023), page 5, states that youth alleging abuse of a physical or sexual nature are not required to participate in any informal grievance process or otherwise attempt to resolve an alleged incident of abuse with employees. There is no time limit on such grievances.

According to the Validation Administrator/PREA Coordinator, SCDJJ does not impose a time limit on when a youth may submit a PREA-related grievance regarding an allegation of sexual abuse. (2) SCDJJ applies otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a youth to use any informal grievance process or to attempt otherwise to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a youth's lawsuit because the applicable statute of limitations has expired.

PAQ 115.352 (b)-2 Midlands confirmed that the agency's policy does not require a resident to use an informal grievance process or otherwise to attempt to resolve with staff an alleged incident of sexual abuse.

SCDJJ Policy 920 Youth Grievance Process, Section B., Youth Access Subsection 5 (effective 10/15/2023), page 5, states that youth alleging abuse of a physical or sexual nature are not required to participate in any informal grievance process or otherwise attempt to resolve an alleged incident of abuse with employees. There is no time limit on such grievances.

115.352 (c): The agency ensures that (1) A youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) the grievance is not referred to a staff member who is the subject of the complaint. Interviews with (all) random and targeted residents confirmed their understanding of the grievance process and that they are not required to submit a grievance to a staff member who is the subject of concern or allegation.

115.352 (d): (1) Midlands will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of the time to respond up to 70 days if the normal period for response is

insufficient to make an appropriate decision. The agency shall notify the youth in writing of such an extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for the reply, including any adequately noticed extension, the youth may consider the absence of a response to be a denial at that level.

PAQ 115.352 (c)-1 Midlands confirmed that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7, The Grievance Coordinator, page 7, states if a grievance is filed against the Grievance Coordinator, the Grievance Coordinator shall submit the grievance to the Director of Youth Grievances and Family Support, who shall delegate the grievance to another Grievance Coordinator. The Grievance Coordinator shall: a. Collect grievances at least three (3) times per week on scheduled business days from the locked boxes located throughout the facility and check email daily for grievances sent in from county offices and alternative placements.

PAQ 115.352 (c)-2 Midlands confirmed that the agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7e, The Grievance Coordinator, page 7 states that if the grievance involves sexual abuse or sexual harassment-related information, even if there is no immediate threat, the Grievance Coordinator shall immediately notify the Director of Youth Grievances and Family Support, the FA, the PREA Compliance Manager, and the Validation Administrator/PREA Coordinator.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7i, The Grievance Coordinator, page 8 states if a grievance is filed against the Grievance Coordinator, the Grievance Coordinator shall submit the grievance to the Director of Youth Grievances and Family Support, who shall delegate the grievance to another Grievance Coordinator.

115.352 (d): (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond up to 70 days if the normal time for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for the reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

PAQ 115.352 (d)-1 Midlands confirmed that the agency's policy and procedures require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse within 90 days of filing the grievance.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 8 (effective 10/15/2019), page 8 states that the Grievance Coordinator has ten business days from receipt of the grievance to respond to the youth in writing on Form 920A.

PAQ 115.352 (d)-2 Midlands confirmed that in the past 12 months, the number of grievances that were filed that alleged sexual abuse was five.

By examination of Midlands Evaluation Center documents (e.g., grievances, notes, and What's Up forms), this Auditor confirmed that Midland's youth filed five grievances where the youth alleged PREA-related allegations of sexual abuse or sexual harassment during the prior 12-month period.

PAQ 115.352 (d)-4 Midlands confirmed that in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because the final decision was not reached within 90 days was zero.

By examining the facility's Grievance Log (MEC) and grievances for the past 12-month period, this Auditor determined that the number of grievances alleging sexual abuse involving extensions because final decisions were not reached within 90 days was unclear.

PAQ 115.352 (d)-5 Midlands states in cases where the agency requested an extension of 90 days to respond to a grievance and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve. If "No," skip to 115.352(d)-7 answered no. This substandard requires clarification.

PAQ 115.352 (d)-7 Midlands confirmed that the agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Document review: Zero grievances that alleged sexual abuse, and their final decision was reviewed before corrective action. Investigations initiated during this reporting period are still pending.

115.352 (e): (1) Third parties, including fellow resident peers, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse. They shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agreed to have the request filed on their behalf and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the youth declines to have the request processed on their

behalf, the agency shall document their decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals on behalf of such juveniles. As such, a grievance shall not be conditioned upon the youth agreeing to have the request filed on their behalf, according to Midlands.

PAQ 115.352 (e)-1 Midlands confirmed that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 1, Youth who allege sexual harassment or sexual abuse can report the event(s) in several ways. Youth can report to any employee, volunteer, contractor, or third-party advocate or file a grievance with the Juvenile and Family Relations Department. (JFR), fill out a sick call form, or communicate through writing or calling a provided child advocacy center. [PREA Standard(s) §115.351 (a)(b)].

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 4, states the Division of Investigative Services (DIS) will investigate all allegations of sexual abuse and sexual harassment. Youth do not have to use an informal grievance process to address any alleged perpetrators to resolve an alleged incident. [PREA Standard(s) §115.352 (b)].

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 5, states consistent with SCDJJ Policy 920, Youth Grievance Process, the JFR will ensure that grievance receptacles are available and secure in all facilities. Youth will not be required to give a grievance form to any staff member who is the subject to the Complaint. [PREA Standard(s) §115.352 (c)].

During the facility tour, the Auditor observed PREA-related signage and signage for emotional support throughout the facility, in living units, and areas common to staff, visitors, and youth in English and Spanish, the two most common languages spoken. According to the SCDJJ Standards Manager/PREA Coordinator, the agency does not hold youth in custody for civil immigration purposes. Signage for external reporting, language that clear and detailed what services are available and for what purposes. Most random and targeted youth confirmed the ability to clearly understand the signage posted through the facility. The Auditor observed that the font size was sufficient for most individuals, including persons of average height or in a wheelchair and most youth with low vision or visual impairment. Likewise, third-party reporting information was situated in a cluster with another facility's general information accessible to all youth in the living units. In areas common to youth, visitors, advocates, parents, and relatives, the Auditor observed critical information posted in hallways, lunchrooms, and other public locations.

While most youths were not on grade level, most confirmed that the PREA-related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event of sexual abuse or sexual harassment

determined that the language was understandable and, on an age,-appropriate reading level. Some youth indicated they were unaware of the types of emotional services available in their communities, but they identified where the information was in their living unit.

115.352 (f): (1) SCDJJ has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. According to the PREA Coordinator, the initial response and final decision of an emergency grievance would be documented, as well as the agency's determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

According to 115.352, zero emergency grievances were filed during this review period, as confirmed by the PREA Coordinator and completion of the PRE-audit questionnaire. A sample review of the investigative report found zero incidents that originated as an emergency grievance. Consistent with SCDJJ Policy 920, Youth Grievance Process, the JFR will ensure that grievance receptacles are available and secure in all facilities. Youth will not be required to give a grievance form to any staff member who is the subject of the complaint. [PREA Standard(s) §115.352 (c)]. The JFR will notify the youth of the investigation process when the information from the investigator is provided, consistent with SCDJJ Policy 920, Investigations. The investigator assigned to the allegation will ensure that the JFR coordinator is notified of the administrative investigation and the results within 45 days of receiving the allegation. [PREA Standard(s) §115.352 (d)]. During the facility tour, this writer noted grievance boxes accessible to residents along with writing tools located at the desks of security staff posted in the living units.

SCDJJ Policy 920 Youth Grievance Process, Section D., Level of Grievances, Subsections 1-5, (effective 10/15/2023), page 5, indicate the following: 1. There are two (2) types of grievances:

- a. Priority One, which is an emergency grievance; and
 - b. Priority Two, which are all other types of grievances.
2. Priority One (Emergency Grievance): In the event a grievance or allegation details an immediate threat or imminent harm to a youth, it will be considered an emergency grievance.
- a. After receiving an emergency grievance, the Grievance Coordinator will immediately forward it to the Facility Administrator (FA) and/or the Assistant Facility Administrator (AFA) to take immediate corrective action (including a mandatory safety plan) to ensure youth safety.

b. If the emergency grievance includes threats of sexual violence or fear of sexual violence, the Grievance Coordinator will immediately notify the FA and AFA, along with the Validation Administrator/PREA Coordinator and PREA Compliance Manager.

PAQ 115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

SCDJJ Policy Youth Grievance Process, Section D., Level of Grievances, Subsections 2c, page 6, states:

2. Priority One (Emergency Grievance): A grievance or allegation detailing an immediate threat or imminent harm to a youth will be considered an emergency grievance.

a. After receiving an emergency grievance, the Grievance Coordinator will immediately forward it to the Facility Administrator (FA) and/or the Assistant Facility Administrator (AFA) to take immediate corrective action (including a mandatory safety plan) to ensure youth safety.

b. If the emergency grievance includes threats of sexual violence or fear of sexual violence, the Grievance Coordinator will immediately notify the FA and AFA, along with the Validation Administrator/PREA Coordinator and PREA Compliance Manager.

c. Within 24 hours of receiving notice of the emergency grievance, the Division of Security and Operations management will provide the Grievance Coordinator with documentation of the immediate corrective action implemented to ensure youth safety. Within five (5) calendar days, the Division of Security and Operations will provide the Grievance Coordinator with any updates from the initial safety plan. The initial safety plan and updated safety plan documentation shall include the Agency's determination whether the youth is at substantial risk of physical or sexual abuse and the action(s) taken in response to the emergency grievance.

3. In these instances, youth may still place the grievance form in the grievance box or give the form or a letter to a trusted employee to deliver to the Grievance Coordinator. Youth shall be encouraged to alert an employee to any emergent situation.

4. Youth safety is critical. Any emergency grievance or grievance alleging harm from assault or abuse must be communicated to the FA and AFA, and the youth must be protected or assisted immediately.

5. Employees shall in no way impede the process or interfere in any manner when a youth believes there is a legitimate need to submit any grievance

All random staff interviewed during the on-site portion of this audit confirmed that the facility provides youth with access to the tools necessary to make written reports. This Auditor's observation of living units confirms that writing tools are

abundant in all living units.

PAQ 115.352 (f)-3 The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: zero.

PAQ 115.352 (f)-4 The number of those grievances in 115.352(f)-3 had an initial response within 48 hours: five.

This Auditor confirmed by examination that SCDJJ/Midlands provided documented evidence of an initial response to all grievances (5) filed by youth within 48 hours, as required in this substandard.

PAQ 115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

PAQ 115.352 (f)-6 The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days was five.

According to the Validation Administrator/PREA Coordinator, SCDJJ takes seriously all grievances filed alleging sexual abuse as an imminent threat and therefore takes immediate action to safeguard the victim.

115.351 (e): The agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

SCDJJ provides employees and contractors a method to privately report sexual abuse and sexual harassment of youth through a tip line. (See Policy 321 Prevention of Sexual Offenses Toward Youth).

115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

PAQ 115.352 (g) states that SCDJJ may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the youth filed the grievance in bad faith. Anyone who willingly files a false statement may be subject to administrative or criminal investigation and discipline consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Youth; SCDJJ Policy 328,

Investigations; SCDJJ Policy 326, Reporting Events; and SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline [PREA Standard(s) §115.351 (g)].

Interviews with a select sample of youth (random and targeted) (22) denied being disciplined for filing an allegation of sexual abuse or sexual harassment with zero documented evidence of youth being disciplined for PREA-related filings related to sexual abuse or sexual harassment.

Evidence relied upon:

	<ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ 321 Prevention of Sexual Offenses toward Youth (effective date 05/06/2021) 3. SCDJJ 920 Youth Grievance Process (effective date 10/15/2023) 4. Review of Midlands grievances filed in the past 12 months (6) 5. Review of relevant documentation 6. Interviews with random and targeted youth (22) <p>Corrective Action:</p> <p>PAQ 115.352 (d)-1 SCDJJ confirmed that the agency's policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filing the grievance. Document review: Zero grievances that alleged sexual abuse, and their final decision was reviewed before corrective action. Investigations initiated during this reporting period are still pending.</p> <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either prior to or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.353 (a): The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies</p>

in as confidential a manner as possible.

PAQ 115.353 (a)-1 SCDJJ The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection j., (effective 05/06/2021), pages 12, directs each SCDJJ facility to provide youth with access to outside victim advocates for emotional support services related to sexual abuse by giving youth mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.

By examination, the Auditor examined the following written material prepared for youth pertinent to reporting sexual abuse and access to support services:

- PREA Poster (Spanish)
 - Right to report sexual abuse and sexual harassment
 - How to report sexual abuse and sexual harassment
 - Victim Support Services
- PREA Poster (English)
 - Right to report sexual abuse and sexual harassment
 - How to report sexual abuse and sexual harassment
 - Victim Support Services
- PREA brochure
 - If you are a victim
 - How to make a report
 - Relief from retaliation
 - False allegations
 - How to report anonymously
 - How to write Crisis Intervention Support Services
 - SCDJJ Zero Tolerance Policy
 - Victim Facts
 - The right to be safe
 - Prevention

- Prohibition of sexual activity between youth and staff, contractors, volunteers or interns

- Prohibition of sexual activity between youth-on-youth acts

PAQ 115.353 (a)-2 SCDJJ The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations.

Additionally, the Auditor observed that the information on the SCDJJ Zero Tolerance posters and youth SCDJJ PREA brochure was accurate, age-appropriate, understandable, free of graffiti, and in large, orange-colored font. Contact information regarding emotional support services was displayed in each living unit. The contact information included a mailing address. No telephones were found in any living units, but writing instruments and paper were abundant. Emotional support contact information was displayed in both English and Spanish. When asked about telephone access, all youth sampled indicated that they scheduled weekly calls to family, friends, and attorneys through their mental health practitioner (social worker), had frequent access to their social worker, and visitation was available each week to authorized visitors. Record storage was observed in the office with locking doors and filing cabinets for storage. Electronic medical, mental health, and risk assessments are password protected with limited access based on the role and responsibility of the individual.

PAQ 115.353 (a)-3 SCDJJ The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. See 115.363 (a)-2. According to the Validation Administrator/PREA Coordinator, SCDJJ does not detain immigrants solely for civil immigration purposes.

PAQ 115.353 (a)-4 SCDJJ The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations as confidentially as possible.

See 115.363 (a)-2.

All youth sampled confirmed access to their families, friends, attorneys, and parental custodians, as well as outside victim support services if they chose to communicate with (Healing Pathways, previously Sexual Trauma Services of the Midland) community advocacy organizations for emotional support by calling (803)771-7273 or sending a letter to 3830 Forest Drive, Suite 201, Columbia, South Carolina 29204.

115.353 (b): The facility shall inform residents, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory

reporting laws.

PAQ 115.353 (b)-1 SCDJJ The facility informs residents of the extent to which such communications will be monitored prior to giving them access to outside support services.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in a DJJ Facility, Reporting Sexual Violence in SCDJJ Facility, Subsection j1, (effective 05/06/2021), page 12, indicates that each facility will enable reasonable communication between youth and these organizations or agencies in as confidential manner as possible and shall inform youth, before giving them access, of the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws.

SCDJJ Policy 336, Application of the PREA Standards (effective 05/06/2021) – Any monitored communications will be expressed to youth and parents before authorization.

PAQ 115.353 (b)-2 SCDJJ The facility informs residents, before giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in a DJJ Facility, porting of a sexual Violence in a SCDJJ Facility., Subsection j2, (effective 05/06/2021), page 12, indicates that each facility will enter into a Memorandum of Understanding or other agreements with community service providers that can provide youth with confidential emotional support services related to sexual abuse and will maintain copies of agreements or documentation of attempts to enter into such agreements.

All the youth surveyed confirmed that they knew of the availability of external emotional support services. However, none of the youth provided this Auditor with details about the types of services offered by the community advocacy organization for emotional support. Each youth knew where to find more information within their living unit. The youth indicated that if they needed additional information, they would obtain it from their assigned mental health practitioner. During the facility tour, the Auditor noted that contact information for emotional support was displayed in all living units. From the posters shown, youth can call Healing Pathways, formerly known as Sexual Trauma Services (STS) of the Midlands, at (803)771-7273 or send a letter to 3830 Forest Drive, Suite 201, Columbia, South Carolina 29204.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

115.353 (c)-1 The agency or facility maintains a memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. No.

115.353 (c)-2 If YES to 115.353(c)-1, the agency or facility maintains copies of those agreements. Skip to

115.353. Not applicable.

PAQ 115.353 (c)-3 SCDJJ If NO to 115.353(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that can provide such services. Yes.

According to an email between SCDOC and SCDJJ dated 06/24/2020, two state agencies attempted to enter an MOU for emotional support for victims of sexual abuse with Healing Pathways, previously known as STS of Midlands, but were unsuccessful. During an interview with the victim advocacy organization, the representative indicated that the agency would provide emotional support services to victims.

PAQ 115.353 (c)-4 SCDJJ If YES to 115.353(c)-3, the agency maintains documentation of attempts to enter into such agreements.

SCDJJ Midlands MOU attempt with the Sexual Trauma Services of the Midlands (dated 06/24/2020).

115.353 (d): The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

PAQ 115.353 (d)-1 SCDJJ The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.

SCDJJ Policy 918 Youth Rights and Responsibilities Procedural Guidelines, Section A14 (effective 05/02/2019), pages 1-5.

PAQ 115.353 (d)-2 SCDJJ The facility provides residents with reasonable access to parents or legal guardians.

SCDJJ Policy 918 Youth Rights and Responsibilities, Procedural Guidelines, Section A14 (effective 05/02/2019), page 2.

During this audit, the Auditor interviewed the PCM and asked what is your policy/ practice for providing residents with access to their attorneys or other legal representation? Youth have the right to a confidential legal meeting with their attorney of record. Access to their attorney is coordinated through the Social Worker. Are there circumstances where they have limited access to attorneys or legal representation? The Courts or a legal guardian could limit access to their attorney.

The Auditor interviewed the PCM about policies for providing residents access to

	<p>parents or legal guardians. Youth can access all authorized family members, parents, legal guardians, or representatives. Access may be restricted if the courts limit certain individuals (e.g., non-custodian parents, alleged abusers).</p> <p>A random sample of youth and youth who reported abuse were interviewed. The youth sampled were asked, "Does the facility allow youth to see or talk with a lawyer or another lawyer, and will the facility allow you to talk with that person privately." All youth responded yes. "Does the facility enable you to see or speak with your parents or someone else, such as a guardian or legal representative?" The youth sampled responded yes. Visitation is weekly. Special visits can be scheduled through the Social Worker.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth (effective 05/05/2021) 3. SCDJJ Policy 336, Application of the PREA Standards (effective 05/06/2021) 4. SCDJJ Policy 918, Youth Rights and Responsibilities (effective 05/02/2019) 5. SCDJJ PREA Poster (Spanish) 6. SCDJJ PREA Poster (English) 7. SCDJJ PREA Brochure 8. SCDJJ MOU attempt email regarding the Sexual Trauma Services of the Midlands (AKA Healing Pathways) 9. Interviewed random and targeted residents (22) 10. Facility tour and observations 11. Tests outside the system - emotional support <p>Conclusion:</p> <p>The Auditor ensured compliance with the standard by reviewing PREA documentation, corrective actions, policies, observations, the facility tour, practices, staff interviews, youth interviews, and the pre-audit questionnaire. The facility fixed any deficiencies before or during the corrective action period to achieve full compliance.</p>
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.354 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

PAQ 115.354 (a)-1 SCDJJ The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Yes.

SCDJJ Policy 920 Youth Grievance Process (effective 10/15/2023), pages 1-10. All youth, including those with disabilities, shall have equal access to the grievance process. Properly executing the grievance system builds trust between the youth and the agency, creating a transparent and communication-centered culture. This leads to better outcomes and increased safety for staff and youth.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2b. Employees (effective 05/06/2021), page 4 indicates all staff will accept reports made verbally, in writing, anonymously, and/or from third parties and will promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone, apart from designated supervisors, other than the extent necessary to make treatment, investigation, and other security and management decisions.

SCDJJ third-party reporting methods are readily available and reasonably conspicuous to the public, such as:

- The SCDJJ webpage provides a method to receive third-party reports of resident sexual abuse or sexual harassment.
- Contact SCDJJ
 - Citizen Commendation and Complaints - Ombudsman@djj.sc.gov.
 - Youth and Parent grievances - [Let's Talk@djj.sc.gov](mailto:Let'sTalk@djj.sc.gov)
 - SCDJJ Safety and Law Enforcement Services Tip Line - (866) 313-0073
- SCDJJ Zero Tolerance Poster for sexual abuse and sexual harassment displayed in administration and visitation. Provides a method to receive third-party reports of resident sexual abuse or sexual harassment.
- SCDJJ Policy 920 Youth Grievances provides a method to receive third-party reports of resident sexual abuse or sexual harassment.
- SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

SCDJJ Policy 336, Application of the PREA Standards, Section E, Youth Reporting, Subsection 1. page 6, states youth who allege sexual harassment or sexual abuse can report the event(s) in several ways. Youth can report to any employee, volunteer, contractor, or third-party advocate, file a grievance with the Juvenile and Family Relations Department (JFR), fill out a sick call form, or communicate with them through writing or calling a provided child advocacy center. [PREA Standard(s)]

§115.351 (a)(b)

By examining SCDJJ reporting brochures, this Auditor confirmed that youth at intake are provided with PREA-related sexual abuse and sexual harassment reporting information in both English and Spanish, as well as contact information for emotional support related to sexual abuse, if they need it. Random and targeted youth all confirm that the language used during youth education was age appropriate and understandable to most youths' reading levels. This Auditor conducted informal conversations with youth in each living unit to verify the readability and accessibility of signage throughout the facility.

During the facility tour, this Auditor observed PREA-related posters and information regarding emotional support posters in living units and areas common to staff, youth, and visitors, which detail how SCDJJ offers multiple ways to report sexual abuse and sexual harassment. The signage's text size, formatting, and physical placement accommodate most readers, including those of average height, those with low vision/visual impairments, and those who are physically disabled or in a wheelchair. The Auditor found no evidence of signage obscured or rendered unreadable by graffiti or vandalism. Information regarding civil immigration is available in the youth library.

Furthermore, this Auditor confirms that the signage observed regarding methods to report sexual abuse and sexual harassment was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for the service provider/ organization name(s), addresses, and phone number(s)). Information regarding third-party reporting was determined to be accurate and consistent throughout the facility.

Write to South Carolina Law Enforcement Division (SLED): information was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for the service provider/organization name(s), addresses, and phone number(s)).

PO Box 21398, Columbia, SC 29221

Other reporting methods include reports made anonymously:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the Validation Administrator/PREA Coordinator or PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone outside the facility. They can report sexual abuse or sexual harassment on behalf of youth by calling (866) 313-0073, Safety and Law Enforcement Services.
- You can also submit a report on someone else's behalf, or someone at the facility can report for you using the methods listed here.

- Calling Pathways to Healing at (803) 771-7273

Interviews with random and targeted youth during the onsite portion of this audit found all youths able to provide the Auditor with at least two methods of reporting sexual abuse and sexual harassment to an outside entity, such as SLED. SCDJJ provides all of you with the address to SLED during the intake process and orientation, and continuously through posters displayed on each living unit and in common areas such as education, visitation, and dayroom on each living unit.

PAQ 115.354 (a)-2 SCDJJ confirmed that the agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

By examination, this Auditor confirmed that SCDJJ distributes information on how to report youth sexual abuse or sexual harassment on behalf of a youth. Signage specific to services, such as emotional support services and external reporting methods. External reporting language explicitly provides contact information for third-party reporting. Information for emotional support includes what programs and services are available for youth in need of emotional support, for persons who have experienced sexual abuse.

This Auditor conducted informal conversations with staff in the facility regarding signage regarding the availability of contact information for reporting sexual abuse and sexual harassment, contact information for emotional support, the agency tip line, and contact information for third-party reporting; all confirmed that information is always consistently displayed throughout the facility.

Evidence relied upon:

1. PREA audit questionnaire
2. Facility tour and site review
3. Testing third-party reporting
4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.
5. SCDJJ Policy 920 Youth Grievance Process (effective 10/15/2023), pages 1-10.
6. SCDJJ PREA Poster (English)
7. SCDJJ PREA Poster (Spanish)
8. Interviews with a sample of random and targeted youth
9. Internet search

Conclusion:

1. The narrative above includes a comprehensive discussion of all the evidence

	relied upon in making the compliance determination, the Auditor's analysis and reasoning, and the auditor's conclusions
--	---

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>PAQ 115.361 (a)-1 SCDJJ The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a, (effective 05/06/2021) page 4.</p> <p>PAQ 115.361 (a)-2 SCDJJ The agency requires all staff to report any retaliation against residents or staff who reported such an incident immediately and according to agency policy. Yes.</p> <p>See 115.361 (a)-1.</p> <p>PAQ 115.361 (a)-3 SCDJJ The agency requires all staff to report immediately, and according to agency policy, any staff neglect or violation of responsibilities may have contributed to an incident or retaliation. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a, (effective 05/06/2021) page 4.</p> <p>During interviews with a random sample of staff, all confirmed a policy requirement that staff report immediately any neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws. Yes.</p> <p>PAQ 115.361 (b)-1 SCDJJ, the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees,</p>

Subsection a, (effective 05/06/2021) page 4.

During interviews with a random sample of staff, all staff confirmed that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Reporting all such incidents will be consistent with SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth, and 326, Reporting Events.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

PAQ 115.361 (c)-1 SCDJJ, apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E. Reporting Procedures, (effective 05/06/2021) page 3.

During interviews with a select group of random staff, does the agency require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility? All staff sampled answered in the affirmative.

115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials under paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents of their duty to report at the initiation of services and the limitations of confidentiality.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection e, page 4 states that state medical and mental health practitioners are required to report sexual abuse to designated supervisors and to any state or local service agencies as required by mandatory reporting laws, and to inform youth of their duty to report and limitations to confidentiality.

During an interview with a medical practitioner, when asked at the initiation of services to youth if the practitioner discloses the limitations of confidentiality and their duty to report, the practitioner responded, "Yes." Further, the same practitioner also confirmed a policy and licensing requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisory official immediately.

During an interview with a mental health practitioner, when asked at the initiation of services to youth if the practitioner discloses the limitations of confidentiality and their duty to report, the practitioner responded, "Yes." Further, the same practitioner also confirmed a policy and licensing requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor official immediately, the administrator. Additionally, the same practitioner confirmed that since her employment, she became aware of an incident and that the incident was immediately reported to the shift supervisor and the facility administrator.

South Carolina Code of Laws Unannotated, Title 63-South Carolina Children's Code, Chapter 7, Child Protection and Permanency, Article 3, Identification, Investigation, and Intervention Sub-article 1, Identifying and Reporting Child Abuse and Neglect. SECTION 63-7-310. Persons required to report.

(A) The following persons must report in accordance with this section when, in such person's professional capacity, he has received information that gives him reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20: a physician, nurse, dentist, optometrist, medical examiner, or coroner, or an employee of a county medical examiner's or coroner's office, or any other medical, emergency medical services, mental health, or allied health professional, member of the clergy including a Christian Science Practitioner or religious healer, clerical or non-clerical religious counselor who charges for services, school teacher, counselor, principal, assistant principal, school attendance officer, social or public assistance worker, substance abuse treatment staff, or childcare worker in a childcare center or foster care facility, foster parent, police or law enforcement officer, juvenile justice worker, undertaker, funeral home director or employee of a funeral home, persons responsible for processing films, computer technician, judge, and a volunteer non-attorney guardian ad litem serving on behalf of the South Carolina Guardian Ad Litem Program or on behalf of Richland County CASA.

(B) If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim,

the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative within 14 days of receiving the allegation.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection g. (effective 05/06/2021), Page 5 states that upon receiving an allegation that a youth was sexually abused while confined to another facility, the OJFR Coordinator or Facility Administrator who received the allegation shall notify the Facility Manager where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Manager shall document the allegation and notification on an event report and send the documentation to the Division of Investigative Services.

During the facility audit, the Auditor interviewed the PREA Compliance Manager (PCM). The Auditor asked the PCM to whom would you report a sexual abuse allegation. The PCM responded immediately to the Facility Administrator; MEC would also report information about the incident to the victim's guardian if the child were under the child welfare system. Further, if the victim is under court jurisdiction, Midlands must advise the youth's attorney of record or legal representation immediately within 14 days of the allegation.

During the facility audit, the Auditor interviewed the Facility Administrator. The administrator acknowledged an understanding of the notification process under this standard and for Midlands to promptly report the allegation to the appropriate agency office and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under guardianship of the child welfare system, the report shall be made to the victim's case worker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative within 14 days of receiving the allegation.

115.361 (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

During his interview, the facility administrator confirmed that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators to initiate an investigation. Sample investigative reports are forthcoming. This substandard requires corrective action.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a, (effective 05/06/2021)

	<ol style="list-style-type: none"> 3. Interview with random staff 4. Interview with a medical practitioner 5. Interview with a mental health practitioner 6. Interview with the PREA Compliance Manager 7. Interview with the Facility Administrator 8. Sample reports to investigators <p>Corrective Action:</p> <p>1. 115.361 (d): (1) Documentation of any such reports following mandatory reporting laws.</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance determination, the Auditor's analysis and reasoning, and the a Auditor's conclusions</p>
--	--

115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section G. Youth Supervision and Practices, Subsection 7, (effective 05/06/2021) page 9, states that if a facility staff member learns that a youth is subject to a substantial risk of imminent sexual abuse, the staff member will take immediate action, such as separating the youth from the accused and notifying a supervisor, to protect the youth, and will document the actions taken.</p> <p>The Auditor examined a sample of three (3) grievances from a list of five (5) grievances initiated during this reporting period regarding sexual abuse and sexual harassment allegations.</p> <p>John Doe #1/GR#200225/IN# 39848/ER-133327/133178/133174/133243/133244,</p>

with a grievance receipt date of 03/29/2024, indicates that "another youth showed me his private parts (dick) and is saying nasty gay things to me." He says he wants to fuck me." The assigned Grievance Coordinator documented the receipt on 03/29/2024. The victim was separated from the accused, and MEC completed a safety plan for the victim and the accused. The victim was referred to and received follow-up emotional support from mental health practitioners in the facility.

John Doe #2/GR200059/ER-129971/129807/129577/129113/with a grievance receipt date of 11/30/23. A parent used the Let's Talk Grievance to voice concern for her son's welfare. The youth's mother is concerned about an incident that occurred over a month ago. Little details were included in the Let's Talk Grievance. SCDJJ called the parent and discovered that her son was jumped for "refusing to participate in kissing and other youth and other things." The incident occurred on 11/06/23. The victim alleged that he and another youth, John Doe #3, were assaulted for failing to participate in and "refusing to participate in kissing and other youth and other things."

- No evidence of retaliation monitoring
- No evidence of safeguarding the victim
- Staff/youth ratio was a factor in the incident.
- The PREA Checklist was incomplete
- No evidence of an investigation into allegations of SA/SH
- Victims and abusers seen by a medical practitioner
- No evidence of youth reassessments

ER-129577, on 11/19/2023, the same victim, John Doe #2, and the alleged abuser were assigned to the same living unit. The victim was observed with injuries to his face, arms, and back, and the abuser had a bloody lip. The abuser engaged in an assault in the dayroom.

John Doe #3 confirms involvement in a fight for failing to participate in and "refusing to participate in kissing other youth and other things."

John Doe #4 GR 200102/IN38497/ER-131047/ alleges an abuser "showed me his naked anus." John Doe

#4 indicated initiating the complaint on 01/05/2024. The date received was 1/8/2024. John Doe #4 rescinded his grievance on 1/11/2024. John Doe #5 also witnessed an abuser naked and confirmed the same visual display of the abuser's naked body. John Doe #5 requested to rescind his grievance.

- No evidence of retaliation monitoring
- No evidence of safeguarding the victim

- Staff/youth ratio was a factor in the unit.
- No evidence of an investigation into allegations of SA/SH
- Victims and abusers seen by a medical practitioner
- No evidence of reassessments completed on either youth
- Victims were allowed to rescind the grievance

In cases where a youth withdraws an allegation, states a desire not to move forward with his grievance, declines to be interviewed about an allegation or refuses to write a statement, this will not be used as the sole reason to terminate an investigation and a determination of unfounded. The investigation should include an effort to determine the reasons for the withdrawal or refusal. If the reason is fear of retaliation, coercion, or threat, the matter should be referred for a separate investigation and documented. SCDJJ Safety and Law Enforcement Services should maintain documentation to support efforts during the investigative process and the outcome of the investigation.

PAQ 115.362 (a)-1 Midlands confirmed when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the residents (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).

PAQ 115.362 (a)-2 Midlands confirmed that in the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was 29. This substandard requires clarification.

PAQ 115.362 (a)-3 Midlands confirmed that if the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) passed before taking action.

The answer to this substandard was excluded. In an informal interview, the Validation Administrator/PREA Coordinator confirmed that if the agency or facility made such determinations in the past 12 months, the average time would be immediate.

Similarly, the Facility Administrator verified that the facility would act immediately if any determinations were made in the past year.

PAQ 115.362 (a)-4 Midlands confirmed that, without unreasonable delay (immediate), it would be the longest time before taking action.

In an interview, the designated Agency Head/Chief of Staff confirmed that when the Midlands becomes aware of a youth being at a significant risk of imminent sexual abuse, it will take immediate action to protect the youth.

Similarly, the Facility Administrator acknowledged that upon learning a youth is at substantial risk of imminent sexual abuse, the SCDJJ is committed to taking

immediate protective measures.

In interviews, staff unanimously agreed that when the South Carolina Department of Juvenile Justice (SCDJJ) becomes aware of a youth being at significant risk of imminent sexual abuse, it is obligated to take immediate protective measures. See 115.362 (a)-1 for additional information.

Evidence relied upon:

1. PAQ
2. Interview with the Agency Head/Chief of Staff
3. Interview with the Facility Administrator
4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section G. Youth Supervision and Practices, Subsection 7, (effective 05/06/2021)
5. A review of a list of grievances (5) initiated this reporting period regarding sexual abuse and sexual harassment.

Corrective Action:

1. SCDJJ will provide each investigation that is a companion to the grievance files of a PREA-related youth.
2. Investigative reports will include evidence of a review of any history of sexual abuse or sexual harassment of the alleged abuser.
3. SCDJJ will provide evidence of retaliation monitoring, where applicable, for each PREA-related grievance alleging sexual abuse.
4. Consistently utilize PREA risk screening tools to assess and reassess youth and, where applicable, apply appropriate protocols to identify youth at risk of being victimized by other youth in the facility.
5. Once a youth is identified as vulnerable, appropriate measures should be taken to reduce the youth's risk of victimization, including, but not limited to, housing classification, staff notification, supervision, and support services.

Recommendation:

Require staff to undergo retraining on the policies if they face challenges in implementing this standard.

Conclusion:

The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.363	Reporting to other confinement facilities
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1476 499">115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p data-bbox="279 544 1476 701">PAQ 115.363 (a)-1 SCDJJ The agency has a policy requiring that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Yes.</p> <p data-bbox="279 745 1460 813">SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.</p> <p data-bbox="279 857 1404 925">PAQ 115.363 (a)-2 SCDJJ The agency's policy also requires that the facility head notify the appropriate investigative agency. Yes.</p> <p data-bbox="279 969 1460 1037">SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.</p> <p data-bbox="279 1081 1460 1149">115.363 (a)-3 In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.</p> <p data-bbox="279 1193 1380 1261">115.363 (a)-4 Please describe the facility's response to these allegations: Not applicable. See 115.363 (a)-3.</p> <p data-bbox="279 1305 1412 1373">115.363 (b): Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.</p> <p data-bbox="279 1417 1444 1529">PAQ115.363 (b)-1 SCDJJ Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Yes.</p> <p data-bbox="279 1574 1460 1641">SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees (effective 05/06/2021) Subsection g., page 5.</p> <p data-bbox="279 1686 1388 1720">115.363 (c): The agency shall document that it has provided such notification.</p> <p data-bbox="279 1765 1460 1877">PAQ 115.363 (c)-1 SCDJJ The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Yes. See 115.363 (a)-3 and 1115.363 (a)-4.</p> <p data-bbox="279 1921 1388 1989">115.363 (d): The facility head or agency office receiving such notification shall ensure that the allegation is investigated per these standards.</p> <p data-bbox="279 2033 1380 2067">PAQ 115.363 (d)-1 SCDJJ The agency or facility policy requires that allegations</p>

	<p>received from other agencies or facilities are investigated in accordance with the PREA standards. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees (effective 05/06/2021) Subsection g., page 5.</p> <p>115.363 (d)-2 In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.</p> <p>During an interview with the Agency Head's designee, she indicated that if another agency or facility within the agency refers a sexual abuse or sexual harassment allegation to SCDJJ that occurred within one of its facilities, the agency would immediately begin an investigation. The Validation Administrator/PREA Coordinator and the facility Superintendent would be the point of contact. The Agency Head's designee did not recall any allegations of sexual abuse or sexual harassment from other agencies during this reporting period.</p> <p>Through an interview with the Facility Administrator (FA), the FA explained that upon notification that a youth made an allegation of sexual abuse or sexual harassment against Midlands, the facility, in coordination with the PCM and SCDJJ investigations, would immediately initiate an investigation into the allegation. The FA indicated that during this reporting period, zero allegations of sexual abuse or sexual harassment were instituted as a result of an allegation from another facility or agency. Further, the FA stated that if the facility head receives such a notification, Midlands will ensure that the allegation is investigated following PREA standards and document that it was provided such notification.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Interview with the Agency Head designee/Chief-of-Staff 3. Interview with the Facility Administrator <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	---

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.364 (a): Upon learning of an allegation that a resident was sexually abused, the

first staff member to respond to the report shall be required to (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

PAQ 115.364 (a)-1 SCDJJ, the agency has a first responder policy for allegations of sexual abuse. Yes

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.

PAQ 115.364 (a)-2 SCDJJ The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

PAQ 115.364 (a)-3 SCDJJ The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect evidence. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

PAQ 115.364 (a)-4 SCDJJ The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

PAQ 115.364 (a)-5 SCDJJ The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

PAQ 115.364 (a)-6 SCDJJ In the past 12 months, the number of allegations that a resident was sexually abused: 28.

PAQ 115.364 (a)-7 SCDJJ Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 28

PAQ 115.364 (a)-8 SCDJJ In the past 12 months, the number of allegations where staff were notified within a period that is still allowed for the collection of physical evidence: 28

115.364 (a)-9 Of these allegations in the past 12 months where staff were notified within a period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 28.

115.364 (a)-10 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 28.

During an interview with a first responder (security), the first responder was asked to describe actions she would take as a first responder to an allegation of sexual abuse. Her response was to;

- Separating the victim from the abuser.
- Safeguard the crime scene
- Request that the alleged victim and abuser do not take any actions that could destroy evidence (e.g., brushing their teeth, changing clothes, urinating, etc.)
- Immediately call a supervisor and document the incident in an event report.

A youth at Midlands reported sexual abuse and was interviewed the same day. Documentation (Grievance #200225) shows John Doe #1 alleged that another youth exposed himself and made inappropriate comments. John Doe #1 requested that the offender be charged and moved to another pod or placed in voluntary isolation. He was interviewed the same day, separated from the accused, and an investigation was initiated.

See 115.364 (a)-10. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

Based on observation during the facility tour and a review of the Midlands Duty Roster, 9 SCDJJ Security Staff were assigned each day to the onsite portion of this audit. Through interviews with a select group of random staff (9), each was asked if they were the first person alerted to the fact that an inmate had allegedly been a victim of sexual abuse; what were their responsibilities in that situation?

- (9) Responded to separate the victim from the abuser
- (9) Notify a supervisor
- (9) Ask the victim and the accused not to take any action that would compromise physical evidence

The Auditor asked the same group of random staff, to whom would you report the alleged sexual abuse? All responded: a supervisor. Further, when asked if there were any individuals with whom they would choose not to share this information, the response was:

- (9) Tell only the supervisor, not the accused, not other staff

115.364 (a)-7 Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 28

115.364 (a)-8 In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence was 28.

115.364 (a)-9 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 28

115.364 (a)-10 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 28

115.364 (a)-11 Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 28

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

PAQ 115.364 (b)-1 SCDJJ Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

PAQ 115.364 (b)-2 SCDJJ Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

115.364 (b)-3 Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

115.364 (b)-4 Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was zero.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, pages 9-14.

115.364 (b)-5 Of those allegations first responded to by a non-security staff member, the number of times that staff member notified security staff was zero.

A first responder (non-security) was asked to describe actions she would take as a first responder to an allegation of sexual abuse. Her responses were;

- Separating the victim from the abuser;
- Request that the alleged victim and abuser not take any actions that could destroy evidence (e.g., washing, brushing, teeth, changing clothes, urinating, etc.)
- Immediately, call a supervisor and document the incident

Based on observation during the facility tour and a review of the Midlands Duty Roster, 9 SCDJJ Security Staff were assigned each day of the onsite portion of this audit. Through interviews with a select group of random staff (9), each was asked if they were the first person alerted to the fact that an inmate had allegedly been a victim of sexual abuse; what are their responsibilities in that situation?

(9) Responded to separate the victim from the abuser

(9) Notify a supervisor

	<p>(9) Ask the victim and the accused not to take any action that would compromise physical evidence</p> <p>The Auditor asked the same group of random staff, to whom would you report the alleged sexual abuse? All responded: a supervisor. Further, when asked if there are any individuals with whom you would choose not to share this information, the response was:</p> <p>(9) Tell only the supervisor, not the accused, not other staff</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021). 3. Midlands Evaluation Center Grievance, GR #200059, documentation of responses to allegations 4. Interview with a Security First Responder 5. Interview with a Non-Security First Responder 6. Interview with random staff <p>Conclusion:</p> <p>The narrative above provides a comprehensive overview of the evidence used to assess compliance or non-compliance, as well as the auditor's analysis, reasoning, and conclusions.</p>
--	--

115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>PAQ 115.365 (a)-1 SCDJJ The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Yes</p> <p>SCDJJ/MEC Form 321C outlines the Safety Plan for alleged sexual abuse and sexual</p>

harassment under Policy 336, effective 05/06/2021 (pages 1-12). The Facility Administrator stated that Midland's response to sexual abuse involves a coordinated plan of action.

- Treat the allegation as a priority one event.
- The Facility Administrator/Designee will ensure all appropriate contacts have been made(e.g., medical, mental health, investigations, rape crisis center, family/guardian)
- If the incident involves penetration, refer to the Protocol for Alleged Assault Involving Penetration.
- The Clinician of Record or the On-call Clinician will respond and see the youth face-to-face based on clinical needs.
- Within 72 hours, the Sexual Assault Response Team will meet.
- Upon completion, a copy of the SP will be sent to Safety and Law Enforcement Services (SLES) for the investigation to complete page five. The investigator will return the SP within 15 calendar days of receipt.
- The Facility Administrator/Designee, in consultation with the Sexual Assault Response Team, shall determine appropriate housing to provide for the safety of the youth
- The alleged victim and alleged perpetrator must be physically separated immediately.
- Complete a safety plan for the victim.
- Complete a clinical assessment and Intervention
- Complete PREA Investigation Checklist

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Form 321C Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment.
3. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) pages 1-12.
4. Interview with the Facility Administrator
5. Examination of the Midlands Safety Plan and Coordinated Response

Conclusion:

The narrative above thoroughly discusses all evidence considered in determine compliance or non-compliance, along with the Auditor's analysis, reasoning, and

	conclusions.
--	--------------

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>115.366 (a)-1 The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. No.</p> <p>Through an interview with the Agency Head (designee) Chief-of-Staff, she confirmed that SCDJJ does not participate in collective bargaining. This substandard is not applicable.</p> <p>115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Interview with the Agency Head (designee), Chief-of-Staff <p>Conclusion:</p> <p>MEC met the requirements of this standard.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.367 (a): The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

PAQ 115.367 (a)-1 SCDJJ The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

SCDJJ Form 336A PREA RETALIATION MONITORING FORM

SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) pages 1-13.

115.367 (a)-2 The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Yes.

According to the Agency Head (designee) Chief-of-Staff, a victim of sexual abuse or sexual harassment would be protected from retaliation for sexual abuse or sexual harassment allegations by actions such as;

- Removal of the accused from the living unit, transfer
- Reassigning the victim to a different housing unit or facility
- Follow-up by a medical or mental health practitioner or an external support service organization

Through an interview with the Designated Staff Member Charged with Monitoring Retaliation, the monitor indicated the role she plays in preventing retaliation against those who cooperate with a sexual abuse or sexual harassment investigation as:

- Develop a safety plan
- Adhere to the safety plan
- Monitor the victim for any indication of retaliation (e.g., negative moves, negative behavioral report)

During the facility tour and site review, this Auditor noted zero youth in segregation or isolation for risk of victimization. A youth who reported sexual abuse was interviewed during the onsite portion of this audit.

Documentation of any protective measures taken was unavailable. This Auditor confirmed that Midlands developed Safety Plans for each youth who alleges sexual abuse, but evidence of retaliation monitoring was not found. SCDJJ, Deputy Director, Facility Rehabilitation and Health Services, concedes that clinicians are aware of their responsibility to start retaliation monitoring when a PREA allegation is made.

On 12/05/2024, the Deputy Director initiated a corrective action plan. SCDJJ has outlined the following corrective action plan:

- An email will be sent to all clinical directors and supervisors reminding them of the responsibility of clinicians to start retaliation monitoring when a PREA allegation is

made and continued monitoring at least every 30 days for a minimum of 90 days or until the youth departs the facility, whichever is sooner.

- The Retaliation Monitoring Form 336A will be attached to this email for ease of access, and the clinical directors and supervisors will disseminate it to their respective clinicians.

- Within six months, the Deputy Director will work with Policy Management to refine form 911A, Clinical Crisis Intervention Referral, and highlight an area specifically notating "begin retaliation monitoring."

- As needed, follow-up PREA training will be scheduled with the Compliance Specialist, respective facilities, and/or clinicians.

115.367 (b): The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Through an interview with the Agency Head (designee) Chief-of-Staff, she indicated that to protect youth from retaliation after sexual abuse or sexual harassment allegations, the agency employs multiple measures such as:

- Relocation of the victim or the accused within a facility
- Relocation of the victim or the accused to another facility through transfer

Through an interview with Superintendent Smith regarding allegations of sexual abuse or sexual harassment, he described the different measures taken to protect a youth or staff from retaliation, which include:

- Housing changes or transfers
- Removal of alleged abusers,
- Development of a Safety Plan
- Referral to a mental health practitioner for emotional support services

Designated Staff Member charged with monitoring Retaliation: See 115.367 (a)-2

Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - during the facility tour and site review, which included face-to-face

cell observation and informal conversations with the youth, zero youth were noted in segregation or isolation as a protective measure for risk of victimization. The same information was confirmed during an interview with custody staff supervising youth in isolation.

In a review of Safety Plans (7) involving youth who reported sexual abuse or harassment, the Auditor verified that SCDJJ/MEC implemented various strategies to safeguard youth from potential sexual victimization and to support those who alleged to have experienced abuse, including the following measures:

- Housing changes or transfers
- Removal of alleged abusers,
- Development of a Safety Plan,
- Refer to a mental health practitioner for emotional support services (Mental Health Emergency and Crisis interventions).

For documentation of any protective measures taken, see 115.367 (a)-2. Note corrective action found in 115.367 (a)-2.

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The agency should monitor any resident disciplinary reports, housing or program changes, negative performance reviews, or staff reassignments. The agency shall continue such monitoring for 90 days if the initial monitoring indicates a continuing need.

PAQ 115.367 (c)-1 SCDJJ The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if any changes may suggest possible retaliation by residents or staff.

SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report, (effective 05/06/2021), pages 7-8.

During the reporting period, MEC received 23 allegations of sexual abuse (youth-on-youth and staff-on-youth). Retaliation monitoring was documented for 3 of these allegations, with one involving sexual harassment. None of the retaliation monitoring instances lasted over 30 days, which requires corrective action.

PAQ 115.367 (c)-3 SCDJJ The agency/facility acts promptly to remedy any such retaliation.

SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report, (effective 05/06/2021), pages 7-8.

PAQ 115.367 (c)-4 SCDJJ The agency/facility continues such monitoring beyond 90

days if the initial monitoring indicates a continuing need.

SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report, (effective 05/06/2021), pages 7-8.

Documented efforts to provide retaliation monitoring were found insufficient. See 115.362 (a)-1 for more evidence of the facility's previous efforts to monitor for retaliation. SCDJJ/MEC corrective action can be found at 115.367 (a)-2.

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks. This standard requires corrective action.

115.367 (e): If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The MEC Retaliation Monitor confirms that if an individual cooperating with an investigation expresses a fear of retaliation, SCDJJ will take appropriate measures to protect that individual from retaliation.

115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The MEC Retaliation Monitor confirms that SCDJJ's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report (effective 05/06/2021), pages 7-8.
3. Examination of Safety Plans (7)
4. Review of retaliation monitoring documents (3)
5. Interview with the Retaliation Monitor
6. Interview with the SCDJJ Chief-of-Staff

Corrective Action:

1. See 115.367 (a)-2 for corrective action. The Auditor will continue to monitor the corrective action of the retaliation monitoring process for the duration of the corrective action period.
2. Examining retaliation monitoring documents during the corrective action period, this Auditor determined that MEC has institutionalized the process of conducting retaliation monitoring where applicable.
3. 115.367 (d): Examining retaliation monitoring documents during the corrective

	<p>action period confirmed that the process of retaliation monitoring includes periodic status checks.</p> <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.</p>
--	--

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>PAQ 115.368 (a)-1 SCDJJ The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) pages 1-13.</p> <p>PAQ 115.368 (a)-2 SCDJJ The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large muscle exercise.</p> <p>SCDJJ Policy 336 Application of the PREA Standards, Section D. Screening for Risk of Sexual Victimization and Abusiveness, Subsection 3., (effective 05/06/2021), page 5.</p> <p>115.368 (a)-3 The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0.</p> <p>115.368 (a)-4 The number of residents who allege to have suffered sexual abuse who were placed in isolation and who have been denied daily access to large muscle exercise and/or legally required education or special education services in the past 12 months: 0.</p> <p>115.368 (a)-5 The average period residents who allege to have suffered sexual</p>

abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0.

115.368 (a)-6 From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:

- A statement of the basis for the facility's concern for the resident's safety, and
- The reasons alternative means of separation cannot be arranged: 0.

The PAQ from Midlands states that no youth was placed in isolation (segregated housing) for the protection of a youth who is said to have experienced sexual abuse. In a review of a selected sample of SCDJJ/Midlands Safety Plans (7) (SP), the Auditor found one case where a youth, who is alleged to have been sexually abused, voluntarily requested segregation. Examining the SP, the Auditor determined that Midlands generally separates the victim from the accused as a protective measure.

The Safety Plan also includes:

- Daily visit by a mental health practitioner
- Daily visit by a medical practitioner
- On-site emotional support
- Programs (e.g., educational)
- Large-muscle exercise

115.368 (a)-7 If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population. Yes.

An interview with the Facility Administrator confirmed zero recent (within the last 12 months) circumstances in which involuntary isolation was used to protect a resident who was alleged to have suffered sexual abuse. See 115.368 (a)-6. He also confirmed that segregation would be used to separate others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. Further, if segregation/ isolation were the only option, a youth would remain in that placement status for up to 24 hours, a safety meeting would be scheduled to develop a safety plan, and the agency could arrange alternative means of keeping the youth safe.

During the onsite audit, staff supervising youth in isolation were interviewed. The custody staff member confirmed that youth in segregation or isolation would have access to programs, privileges, and education, but not work. Segregation or isolation would temporarily separate the victim from the alleged perpetrator(s) until the agency could arrange alternative methods to ensure the youth's safety. The

	<p>same staff confirmed that a youth in segregation or isolation receives daily visits from a medical and mental health practitioner.</p> <p>During the on-site audit, the Auditor conducted separate interviews with one medical practitioner and one mental health practitioner. Both confirmed that each youth in segregation has daily visits from a medical and mental health professional. Placing youth in segregation or isolation is considered a last resort when other measures, like a change in living units, are either not feasible or do not ensure the youth's safety.</p> <p>During the on-site audit, the Auditor conducted separate interviews with one medical practitioner and one mental health practitioner. Both confirmed that each youth in segregation has daily visits from a medical and mental health professional. Placing youth in segregation or isolation is considered a last resort when other measures, like a change in living units, are either not feasible or do not ensure the youth's safety.</p> <p>During the facility tour and site visit, the Auditor found zero youth in segregation/ isolation due to the risk of sexual victimization based on informal conversation with the youth and an interview with a staff member who supervised isolation.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 336 Application of PREA Standards (effective date 05/06/2021) pages 1-13, 3. Interview with the Facility Administrator 4. Interview with Staff who Supervise Isolation 5. Interview with a Medical Practitioner 6. Interview with a Mental Health Practitioner <p>Conclusion:</p> <p>The narrative above examines the evidence used to determine compliance, along with the Auditor's analysis, reasoning, and conclusions.</p>
--	--

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and</p>

objectively for all allegations, including third-party and anonymous reports.

115.371 (a)-1 SCDJJ The agency/facility has a policy related to criminal and administrative agency investigations.

SCDJJ Policy 328 Investigations, Section G., Investigations (effective 01/15/2024) page 9.

Through an interview with investigative staff, Captain/Internal Integrity indicated that sexual abuse or sexual harassment investigations are generally initiated within 24 hours. A review of a select sample of investigative reports suggests otherwise.

Documentation Review

Sample of investigative records/reports for allegations of sexual abuse or sexual harassment. In 23-33592, ER-123785, 123798, a PREA incident was reported on May 22, 2023. The victim reported to a mental health practitioner that eight of his peers attempted to rape him on May 21, 2023. A Case Status Report indicates that the case was initially assigned to an investigator on May 24, 2023. The investigator initially assigned to investigate the incident no longer works for the agency. This case was transferred to another investigator on August 6, 2024, and closed on August 8, 2024. According to the second investigator assigned to this case, a search for video footage in the SharePoint Folder revealed no footage of the alleged incident. The victim did not specify the time of the incident. While the victim did not provide a time, the Event Report did establish the location of the incident (Pearl), a date for reviewing the video footage, witnesses, abusers, and at least one staff present on the living unit; however, there was no mention of the original investigator's efforts to determine the time of the incident. Records indicate that the video footage was purged.

SCDJJ Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. However, investigators have reported that they typically ask for video footage on the same day they are assigned the case. This Auditor found no evidence that the original investigator requested video footage on the start date of the investigative process, May 24, 2023. or within three days of being assigned to investigate the allegations.

According to SCDJJ Policy 328 Investigations, Section G., Additional Investigation Procedure, pages 9-10, investigators shall use all available evidence sources, including logbooks, documents, and video. The assigned investigator will request some video footage of the incident within three days of receiving the allegation. The investigator will note the date of the request in the investigator's final investigative report. It did not include the date of the request, or the date was omitted. The incident was determined to be unfounded.

IN 23-34410/ER-124939/124978/125958/125597, an incident occurred on June 28, 2023, an allegation of sexual abuse. A youth reported forcefully grabbing another peer's hand and inserting the hand in the pants of his peer to force the peer to

touch his penis and butt. The investigation began on November 29, 2023, with a call to the witness in the incident. An investigative report dated August 1, 2023, indicates that on July 26, 2023, the witness declined to write a statement. On July 27, 2023, SCDJJ interviewed the accused, but he refused to be interviewed. On July 31, 2023, the victim declined to discuss or write a statement. The witness could not be located. On July 31, 2023, an investigator attempted to review the surveillance video. Surveillance could not be located. The case was closed on August 1, 2023. Further, the investigative report also omitted a review of any prior complaints or reports of sexual abuse involving the suspected perpetrator.

SCDJJ Case Number 24-38534 was a sexual abuse allegation. The victim initially indicated that another youth inserted his finger in his anus. The victim recants his allegation. The incident is closed, and no further information was provided. As with other investigations examined, the investigation did not include a review of prior allegations of SA against the alleged subject of the allegation. Nor did this investigation include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. See 115.371 (d)-1. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Yes. (Promptly).

SCDJJ Case Number 23-36914 was an allegation of sexual abuse reported by another youth. The ER-127028/IN36914 was reported on September 5, 2023. The Case Management History indicates that the case was assigned on October 23, 2023, and opened on November 26, 2023. On November 26, 2023, the investigator attempted to view camera surveillance footage. On June 4, 2024, the investigator tried to contact the victim's parent, a previous SCDJJ employee, and interviewed two youths. No video footage was available. The investigation's case log was absent, which would indicate if video footage was unavailable at the time of the incident, nor does the evidence provided include the date of the video request. The case was closed and determined to be unsubstantiated on June 6, 2024.

115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Through an interview with Investigative Staff, he received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings from the National Institute of Corrections (NIC).

- Techniques for interviewing juvenile sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecutorial referral.

Through documentation review, this Auditor noted at least one investigation

completed by a facility lieutenant, and evidence of the completion of training as required in this substandard and under 115.334 was omitted.

115.371 (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Through an interview with Investigative Staff, this investigator indicated that his first step would be to gather physical evidence, DNA, witness statements, medical exams, and any body fluids collected during the forensic examination. He would then review any previous report regarding the accused, analyze the evidence, and interview all parties involved. Anonymous and third-party reports would be handled using the same investigative process; no different. Problematic zero investigations reviewed contained a review of prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

PAQ 115.371 (d)-1 SCDJJ The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

SCDJJ Policy 328 Investigations (effective 01/15/2024) pages 1-12.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in a SCDJJ Facility (effective 05/06/2021), pages 11-13.

When asked whether the source of an allegation recants their allegation and if the investigation would terminate, the Chief/Internal Integrity Administrator and Safety and Law Enforcement Services investigator responded no. This Auditor found evidence of two youths voluntarily requesting to rescind a PREA-related grievance.

This Auditor reviewed a select sample of investigative reports from Midlands. This Auditor found no evidence to suggest that the investigative process stopped as a result of a source recanting an allegation of sexual abuse or sexual harassment.

115.371 (e): When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors to determine whether they may be an obstacle to subsequent criminal prosecution.

The Chief/Internal Integrity Administrator, Safety and Law Enforcement Services, and investigative staff confirmed that when the agency discovers evidence that a prosecutable crime may have occurred, he will consult with prosecutors or SLED before conducting compelled interviews; however, he is a Class 1 Law Enforcement Officer with arrest powers.

115.371 (f): The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The Chief/Internal Integrity Administrator, Safety and Law Enforcement Services, and investigative staff interviewed indicated on what basis you judge the credibility of an alleged victim, suspect, or witness was

- Evidence
- Plausibility

When asked, would you, under any circumstances, require a youth who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation? He responded no.

This Auditor interviewed a select sample of youth from the Midlands facility. Zero indicated being compelled to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

According to The Chief/Internal Integrity Administrator, Safety and Law Enforcement Services, and investigative staff interviewed, the committee reviews administrative investigations substantiated/unsubstantiated).

Administrative reports include evidence relied upon to make a determination. Conclusions are based on facts, and the committee looks at prevention, blind spots, staffing, and sexual safety. This Auditor questioned what efforts were made by the investigator during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse. The Chief/Internal Integrity Administrator,

Safety and Law Enforcement Services, and investigative responded:

- Review staffing
- Review other activities during the time of the incident
- Review the individual actions of the staff during the incident

RECORD STORAGE

During the site review, the Auditor:

- Observe the physical storage area of any information or documentation collected and maintained in hard copy under the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations).
- Observed physical storage in administrative, medical, and administrative offices was secured behind locked doors.
- Electronic access to risk screening and electronic medical records is password protected.

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The Chief/Internal Integrity Administrator, Safety and Law Enforcement Services, and investigative staff interviewed confirmed that criminal investigations were documented. See 115.371 (g). Contained in an investigative report are:

1. Descriptions of physical,
2. Description of testimonial evidence
3. Video evidence
4. DNA, lab reports
5. Witness, victim, and statements from interviewing all parties.

Zero criminal investigative reports were available for review during this reporting period, and MEC has one pending.

115.371 (i): Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

115.371 (i)-1 SCDJJ Substantiated allegations of conduct that appear criminal are referred for prosecution. Yes.

115.371 (i)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.

PAQ 115.371 (i)-2 SCDJJ The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 1.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

PAQ 115.371 (j)-1 SCDJJ The agency retains all written reports about the

administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

SCDJJ Policy 328 Investigations (effective 01/15/2024) pages 1-12.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to an Alleged Sexual Violent Act in a SCDJJ Facility (effective 05/06/2021), pages 11-13.

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. See 115.371 (g) for more information.

During an interview with an investigator, this Auditor asked, how do you proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment before a completed investigation into his or her conduct, I would continue with the investigation.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements. The Auditor is not required to audit this provision.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The Facility Administrator indicated that when an external agency looks into sexual abuse, the facility will collaborate and stay updated on the developments through the investigator and the Validation Administrator/PREA Coordinator. In a conversation with the Validation Administrator/PREA Coordinator, she shared that when an outside agency investigates allegations of sexual abuse, the facility will remain updated on the investigation's progress through the investigator. The PREA Compliance Manager (PCM) confirmed that the facility will receive investigation information through the investigator and the Validation Administrator/PREA Coordinator. Through interviews, investigative staff indicated that when an outside agency investigates an incident of sexual abuse in this facility, their role is to facilitate the gathering of information.

Evidence relied upon:

1. Pre-audit questionnaire
2. Facility tour and site review to include record storage
3. SCDJJ Policy 328 Investigations, Section G., Investigations (effective 01/15/2024) page 9.
4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 11-13.

5. SCDJJ Policy Isolation of Youth (effective 05/09/2016), pages 1-10.
6. Interview the Facility Administrator
7. Interview the Validation Administrator/PREA Coordinator
8. Interview with the PREA Compliance Manager
9. Interview Chief/Internal Integrity Administrator, Safety and Law Enforcement Services, investigative staff (1)
10. Sample investigative records of sexual abuse (criminal and administrative).
11. PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment in Juvenile Confinement Settings, January 14-15, 2025, PREA Resource Center
12. Investigations lesson plan and PowerPoint presentation, January 29, 2024, Policy 323 Isolation of Youth.

Corrective action:

1. Zero investigations reviewed included a documented review of prior complaints and reports of sexual abuse involving the suspected perpetrator. SCDJJ will develop a system that consists of a written, documented review in the investigative report of previous complaints and reports of sexual abuse involving the suspected perpetrator.
2. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims under § 115.334. SCDJJ will limit investigators who investigate allegations of sexual abuse or sexual harassment to investigators who received special training in sexual abuse investigations involving juvenile victims under § 115.334.
3. During the corrective action period, Safety and Law Enforcement Services investigators participated in PREA Specialized Training: Investigating Sexual Abuse and Sexual Harassment in Juvenile Confinement Settings training on January 14-15, 2025, with facilitators from the PREA Resource Center.
4. During the corrective action period, two new curricula were developed for SCDJJ Safety and Law Enforcement Services - a three-hour investigations course and a two-hour course on Policy 323, Isolation of Youth. The investigations curriculum covers the role of investigators, case scenarios, youth trauma issues, and techniques for effective investigations and interviews with youth. It also uses policy examples such as inappropriate use of isolation and teaches report writing. All investigations staff were trained on this curriculum on January 14-15, 2025. While the overarching focus is on isolation, the training included de-escalation strategies, and scenarios for determining whether isolation or another option should be used are applicable in other facilities.
5. SCDJJ Safety and Law Enforcement Services will ensure that a video of the

	<p>incident, if evidence exists and where applicable, is requested within three days of receiving an allegation of sexual abuse or sexual harassment.</p> <p>6. SCDJJ Safety and Law Enforcement Services will document its efforts to obtain video footage.</p> <p>Recommendation:</p> <p>Ensure that an investigation will not be terminated in cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation, or refuses to write a statement as the sole reason for termination.</p> <p>SCDJJ, where applicable, should collect and preserve video footage at the allegation of sexual abuse or sexual harassment is reported to preserve potential evidence.</p> <p>Prompt incident reviews are conducted where applicable. At the closing of an investigation, SCDJJ Safety and Law Enforcement Services should immediately notify the PREA Compliance Manager, the Validation Administrator/PREA Coordinator, and the PREA Compliance Specialist of the closing of an investigation to ensure timely completion of incident reviews, where applicable, consistent retaliation monitoring, where relevant, under applicable PREA standards.</p> <p>Youth must be consistently informed about the outcome of any allegations or incidents of sexual harassment. In cases where the youth is transferred or discharged before the investigation is closed, SCDJJ will document the effective discharge or transfer date in the body of the investigation report.</p> <p>The Validation Administrator/PREA Coordinator, PCM, and PREA Compliance Specialist should continue to monitor the processes implemented to improve the efficacy of the implementation process of all PREA standards related to this standard.</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	--

115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

	<p>PAQ 115.372 (a)-1 SCDJJ The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>SCDJJ Policy 328 Investigations (effective 01/15/2024), pages 1-12. Documentation of administrative findings requires a proper standard of proof. The Auditor interviewed the Captain/Internal Integrity Administrator, Safety, and Law Enforcement Services. The investigator stated that he needs a preponderance of evidence to substantiate allegations of sexual abuse or harassment.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 328 Investigations (effective 01/15/2024) 3. Examination of documentation of administrative findings for the proper standard of proof <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.373 (a)-1 SCDJJ The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Yes.</p> <p>SCDJJ Policy 336 Application of PREA Standards, Section G., Investigations, Subsection 2, (effective 05/06/2021) page 9.</p> <p>115.373 (a)-2 The number of criminal and/or administrative investigations of alleged resident sexual abuse completed by the agency/facility in the past 12 months: 14.</p> <p>115.373 (a)-3 Of the alleged sexual abuse investigations that were completed in the</p>

past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation:14

During the facility audit, the Facility Administrator was asked if the facility informs a youth who reports an allegation of sexual abuse about whether the allegation has been found substantiated, unsubstantiated, or unfounded after an investigation. He replied affirmatively.

MEC confirms that, after the closure of a PREA (e.g., sexual abuse or sexual harassment) report, the alleged victim is informed of the investigation's outcome. If the suspected perpetrator is a staff member, the Safety and Law Enforcement Services (SLES) will update the alleged victim on the investigation's progress according to PREA Standard §115.373.

Problematically, the Auditor found no evidence of the facility reporting the outcome of an investigation to any youth during this reporting period, nor did MEC document all attempts to notify the victim of the investigative results of a report of sexual abuse or sexual harassment.

During the facility audit, an investigator was asked whether he was aware that when a resident makes an allegation of sexual abuse, he or she must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He responded yes.

MEC provided a log "List of Incidents/Grievances Related to Sexual Abuse and Sexual Harassment," outlining all investigations into allegations of sexual abuse and harassment for MEC, including those carried out by an outside agency during this reporting period.

According to the SCDJJ MEC List of Incidents/Grievances Related to Sexual Abuse and Sexual Harassment (2023/2024), the log indicated 28 investigations were initiated during this review period. However, the necessary evidence to verify compliance with this substandard was excluded. This substandard will be addressed during the corrective action period.

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.

During his interview, the Captain/Internal Integrity Administrator, Safety, and Law Enforcement Services confirmed that, where applicable, it shall request the relevant information from the investigative agency to inform the youth. During this audit process, the Auditor determined that one investigation involved an outside agency; however, no evidence was found to confirm that SCDJJ provided the victim with information regarding the outcome of the investigation associated with ER-127879.

115.373 (b)-1 SCDJJ If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity to inform the resident of the outcome of the investigation. Yes.

SCDJJ MEC List of Incidents/Grievances Related to Sexual Abuse and Sexual

Harassment (2023/2024 correlating with grievances alleging sexual abuse were omitted from evidence. This Audit reviewed a sample of an alleged sexual abuse investigation completed by an outside agency. According to the investigative report and the MEC List of Incident/Grievances Related to Sexual Abuse and Sexual Harassment 2023/2024 log, this investigation was coordinated with SLED.

During an interview with the Captain/Internal Integrity Administrator, Safety and Law Enforcement Services, the investigator indicated that he had received training specific to conducting sexual abuse and sexual harassment investigations. Further, the same investigator confirmed that his training included training such as:

- Techniques for interviewing youth sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- The criteria and evidence required to substantiate a case for administrative or prosecution referral

115.373 (b)-2 SCDJJ The number of investigations of alleged resident sexual abuse in the facility completed by an outside agency in the past 12 months: 1.

115.373 (b)-3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1. See 115.373 (b)-1.

An examination and review of the investigative report of an outside agency's (SLED) investigation of alleged sexual abuse during this reporting period revealed that the investigation closed on 12/16/23. The incident review took place on 1/25/24.

According to the investigation, the victim was transferred to an adult correctional facility.

115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (c)-1 SCDJJ Policy 336 Application of PREA Standards, Section G., Investigations, Subsection 2, (effective 05/06/2021) page 9.

SCDJJ confirmed "yes" following a resident's allegation that a staff member has committed sexual abuse against the resident; the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility.
- The agency learns that the staff member has been indicted for sexual abuse within the facility or
- The agency learns that the staff member has been convicted of a charge related to sexual abuse within the facility.

115.373 (c)-2 SCDJJ There has been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. Yes.

An examination and review of the investigative report of an outside agency's (SLED) investigation of alleged sexual abuse during this reporting period revealed that the investigation closed on 12/16/23. The incident review took place on 1/25/ 24. According to the investigation, the victim was transferred to an adult correctional facility.

115.373 (c)-3 SCDJJ indicates "Yes," in each case, the agency subsequently informed the resident whenever:

- The staff member was no longer posted within the resident's unit;
- The staff member was no longer employed at the facility.
- The agency learned that the staff member has been indicted for sexual abuse within the facility; or
- The agency learned that the staff member had been convicted of a charge related to sexual abuse within the facility.

An examination and review of the investigative report of an outside agency's (SLED) investigation of alleged sexual abuse during this reporting period revealed that the investigation closed on 12/16/23. The incident review took place on 1/25/24. According to the investigation, the victim was transferred to an adult correctional facility. Omitted by MEC was evidence that the agency informed the victim under 115.373 (c)-3. Zero samples of youth victim notifications were provided to the Auditor for review before the interim report. This substandard requires corrective action.

115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (d)-1 SCDJJ Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently

informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted for sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted of a charge related to sexual abuse within the facility.

MEC is a diagnostic and evaluation facility. During the on-site portion of this audit, the reporting information was confirmed with the Validation Administrator/PREA Coordinator and the PREA Compliance Manager.

An examination and review of the investigative report of an outside agency's (SLED) investigation of alleged sexual abuse during this reporting period revealed that an investigation was closed on 12/16/23. The incident review took place on 1/25/24. According to the investigation, the victim was transferred to an adult correctional facility. Excluded by MEC was evidence that the agency informed the victim under 115.373 (c)-3. Zero samples of youth victim notifications were provided to the Auditor for review. This substandard requires corrective action.

115.373 (e): All such attempts or attempted notifications shall be documented.

115.373 (e)-1 SCDJJ The agency has a policy that all notifications to residents described under this standard are documented.

SCDJJ confirms that the alleged victim is informed of the investigation's outcome. When a staff member is the alleged perpetrator, Safety and Law Enforcement Services update the alleged victim by PREA Standard §115.373. According to the MEC List of Incident/Grievances 2023/2024 log, one investigation was referred to SLED. Investigation ER-127879 was substantiated and closed on 12/16/23. The incident was reviewed on 1/25/24. MEC did not show evidence that the agency informed the victim or documented notification attempts. During the corrective action period, the Compliance Specialist provided evidence to the Auditor that the victim was transferred to an adult correctional facility before the investigation concluded. See 115.373 (c)-3. This requires corrective action.

115.373 (e)-2 The number of notifications to residents provided under this standard in the past 12 months was not documented.

115.373 (e)-3 The number of notifications made in the past 12 months was not documented.

115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Zero logs or other documentation were provided to the Auditor before the interim report to support victim notifications or to confirm that any youth was released from the agency's custody, thereby releasing MEC from the obligation to report under this standard. This substandard requires corrective action.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 336 Application of PREA Standards, Section G., Investigations, Subsection 2, (effective 05/06/2021) page 9.
3. SCDJJ MEC List of Incident/Grievances Related to Sexual Abuse and Sexual Harassment 2023/2024 log
4. Interview with the Facility Administrator
6. Interview with Captain/Internal Integrity Administrator, Safety and Law Enforcement Services, investigator (1)
7. A sample of alleged sexual abuse investigations completed by an outside agency (1)
8. Examination of a select sample of substantiated, unsubstantiated, and unfounded investigative reports

Corrective Action:

1. 115.373 (a)-1 MEC will provide evidence of reporting investigative outcomes to the victims.
2. 115.373 (e): MEC will provide evidence of all documented attempts or attempted notifications under this standard. The Compliance Specialist will review all discharge or transfer dates for victims identified in the MEC List of Incident/Grievances Related to Sexual Abuse and Sexual Harassment 2023/2024 log as documented evidence of attempted notification under this standard.
3. 115.373 (c)-3 All such attempts or attempted notifications shall be documented. MEC will develop a clear line of responsibility to provide youth who report sexual abuse or sexual harassment with the outcomes of their investigation. If the alleged perpetrator is a staff member, the Safety and Law Enforcement Services (SLES) will update the alleged victim on the investigation's progress according to PREA Standard §115.373.
4. 115.373 (f): Under this standard, MEC will provide evidence of a youth's release from the agency's custody.

Recommendation:

MEC should follow SCDJJ Policy 336 Application of PREA Standards, Section G., Investigations, Subsection 2, (effective 05/06/2021) page 9, which indicates that the alleged victim is informed of the outcome of the investigation.

Conclusion:

To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the

	<p>facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through evidence-based analysis. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>115.376 (a)-1 SCDJJ Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>SCDJJ Policy 228 Progressive Employee Discipline, Section 7., Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.</p> <p>SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a. (effective 05/06/2021) pages 10-11. 115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.376 (b)-1 In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0</p> <p>MEC reported zero number of staff from the facility who have violated agency sexual abuse or sexual harassment policies in error. The number of staff who violated agency sexual abuse or sexual harassment policies was 5 (e.g., four sexual abuse and one sexual harassment). Therefore, MEC excluded a select sample of records of terminations, resignations, or other sanctions for violating the policy. From examination of investigative reports (2) provided after the interim report was issued, this Auditor determined that arrest warrants were issued against staff for sexual misconduct and other associated violations and charges for serious policy violations. See ER-127879/23-36222 and ER-127545/23-36222.</p> <p>115.376 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: blank.</p> <p>This PAQ was blank. However, 115.376(b)-2, MEC indicated zero staff who violated agency sexual abuse or sexual harassment policies. From examination of</p>

investigative reports (2) provided after the interim report was issued, this Auditor determined that arrest warrants were issued against staff, and staff were terminated for sexual misconduct and other associated violations, and charged with serious policy violations. See ER-127879/23-36222 and ER-127545/23-36222. According to PREA Compliance, three staff members resigned in lieu of being terminated. Two incidents were determined to be unfounded.

115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

115.376 (c)-1 SCDJJ The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

SCDJJ Policy 228 Progressive Employee Discipline, Section 7. Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.

SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a., (effective 05/06/2021) pages 10-11.

After reviewing investigative reports during the corrective action period, ER-127879/23-36222 and ER-127545/23-36222, the Auditor concluded that SCDJJ/MEC's disciplinary actions for violations related to sexual abuse or harassment (excluding actual sexual abuse) matched the nature of the acts, the staff member's disciplinary history, and sanctions for similar offenses by other staff.

115.376 (c)-2 In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): blank.

After reviewing investigative reports during the corrective action period, ER-127879/23-36222 and ER-127545/23-36222, the Auditor concluded that SCDJJ/MEC's disciplinary actions for violations related to sexual abuse or harassment (excluding actual sexual abuse) were compatible with the nature of the acts, the staff member's disciplinary history, and sanctions for similar offenses by other staff.

115.376 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.

PAQ 115.376 (d)-1 SCDJJ All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies.

SCDJJ Policy 228 Progressive Employee Discipline, Section 7., Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.

SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/06/2021) page 15.

As per the Facility Administrator, any terminations due to violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless deemed non-criminal and to any relevant licensing bodies.

Upon review, this Auditor found that violations of SCDJJ sexual abuse and sexual harassment policies were coordinated with SLED unless the violations were non-criminal or irrelevant to any licensing body.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 228 Progressive Employee Discipline, Section 7. Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.
3. SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.
4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/ 06/2021) page 15.
5. Examining records of disciplinary sanctions against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months (2).
6. Interview with the Facility Administrator

Corrective Action:

1. 115.376 (b)-2 In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: blank. MEC will provide evidence of compliance with this substandard.
2. 115.376 (c)-2 In the past 12 months, the number of facility staff members who

	<p>have been disciplined, short of termination, for violating agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse) is blank. MEC will provide evidence of compliance with this substandard.</p> <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through evidence-based analysis. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>115.377 (a)-1 SCDJJ Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Yes.</p> <p>SCDJJ Policy 228 Progressive Employee Discipline, Section 7. Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.</p> <p>SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/06/2021) page 15.SCDJJ Policy 336 Application of the PREA Standards, Section G. Investigations, Subsections 1 and 3, (effective 05/06/2021) page 9.</p> <p>115.377 (a)-2 SCDJJ Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Yes. See 115.377 (a)-1.</p> <p>115.377 (a)-3 In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual</p>

	<p>abuse of residents. No.</p> <p>The documentation of referrals to law enforcement and/or relevant licensing bodies for volunteers and contractors was non-existent and irrelevant. Zero investigations examined involved a contractor or volunteer.</p> <p>115.377 (b): The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>115.377 (b)-1 SCDJJ The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. See 115.377 (a)-3.</p> <p>During the on-site portion of this audit, the FA was asked if MEC would take remedial measures and prohibit further contact with youth if a contractor or volunteer violated agency sexual abuse or sexual harassment policies. He responded yes. Remedial measures include closing the gate, administrative leave pending an investigation, and restricting contact with the victim.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none">1. Pre-audit questionnaire2. Interview with the Facility Administrator3. SCDJJ Policy 228 Progressive Employee Discipline, Section 7., Termination (effective 06/01/2016) (Approval date 05/19/2016) pages 1-23.4. SCDJJ Policy 328 Investigations, Section 5. Investigators Shall Prepare Written Reports of Investigations (effective 01/15/2024), pages 9-10.5. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/ 06/2021) page 15.6. Examination of investigative records documenting disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies in the past 12 months (2) (custody staff) <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	--

115.378	Interventions and disciplinary sanctions for residents
----------------	---

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>115.378 (a)-1 SCDJJ Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.</p> <p>SCDJJ Policy 323 Isolation of Youth, Section G., Conditions and Access to Services, Subsection 2, (effective 11/15/23) pages 10-11.</p> <p>SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline (effective 04/21/2021) pages 1-13.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.</p> <p>115.378 (a)-2 SCDJJ Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. See 115.378 (a)-1.</p> <p>115.378 (a)-3 SCDJJ In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 14.</p> <p>The information contained in 115.378 (a)-3 was given in error. MEC has 14 closed SA/SH allegations, some involving staff.</p> <p>115.378 (a)-4 In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0.</p> <p>115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily medical or mental health care clinician visits. Residents shall also have access to other programs and work opportunities to the extent possible.</p> <p>115.378 (b)-1 SCDJJ In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. Yes.</p>
--	---

SCDJJ Policy 323 Isolation of Youth, Section G., Conditions and Access to Services, Subsection 2, (effective 11/15/23) pages 10-11.

115.378 (b)-2 SCDJJ In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.

SCDJJ Policy 323 Isolation of Youth, Section G., Conditions and Access to Services, Subsection 2, (effective 11/15/23) pages 10-11.

115.378 (b)-3 SCDJJ In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. Yes. See 115.378 (b)-2.

115.378 (b)-4 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.

115.378 (b)-5 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.

115.378 (b)-6 In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

During the onsite portion of the audit process, the FA was asked what disciplinary sanctions youth are subject to, as well as investigative reports and documentation of sanctions imposed. He responded that administrative sanctions could include disciplinary sanctions, behavior management sanctions, and, in some cases, criminal prosecution.

a. Are the sanctions appropriate given the nature and context of the abuses, the disciplinary records of the youths, and the comparable sanctions for similar infractions by other residents with analogous histories? He answered, "Yes."

b. Are mental disabilities or illnesses taken into account when determining sanctions? He responded, "Yes."

c. Do you employ isolation as a disciplinary measure? He indicated that, aside from criminal prosecution, isolation would be used for serious violations, depending on the severity of the evidence, the investigation, and the youth's criminogenic behavior and mental health history.

The Auditor examined a select sample of investigative reports. Documentation of sanctions imposed following the closure of an investigation was absent from the reports, excluding two investigations. Both investigations involved staff. It should be mentioned in some investigative reports that the perpetrator was placed in a segregated "wet cell" or moved away from the victim.

115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

See 115.378 (b)-6.

115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider offering the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives but not as a condition of access to general programming or education.

115.378 (d)-1 SCDJJ The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Yes.

115.378 (d)-2 SCDJJ If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Yes.

115.378 (d)-3 SCDJJ Access to general programming or education is not conditional on participation in such interventions. Yes.

The Auditor interviewed a medical practitioner (nurse) during the audit process. According to the medical practitioner, her role is limited to physical health-related treatment and prevention.

This Auditor also interviewed a medical practitioner and asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. Does the facility consider whether to offer these services to an offending youth? The practitioner responded, "Yes." When you provide these services, do you require a youth's participation as a condition of access to: Any rewards-based behavior management system, programming, or education? She responded, "Yes."

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (e)-1 The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Yes.

SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline, Section 2, Disciplining Negative Behavior of the Youth (effective 04/21/21), pages 5-6.

This Auditor found no evidence to support compliance with this substandard, which

requires clarification or corrective action. A select sample of records of disciplinary actions against residents for sexual conduct with staff, if applicable.

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (f)-1 SCDJJ The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section I., Protection of Youth Victims and Reports, pages 13-14.

115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

115.378 (g)-1 SCDJJ The agency prohibits all sexual activity between residents. Yes.

SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline, Section 2, Disciplining Negative Behavior of the Youth (effective 04/21/21), pages 5-6.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section I, Protection of Youth Victims and Reporters, Subsection 2. (effective 05/ 06/2021) page 14.

SCDJJ Policy 336 Application of the PREA Standards, Section E., Youth Reporting (effective 05/06/21) page indicates anyone who willingly files a false statement may be subject to administrative or

criminal investigation and discipline consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Youth; SCDJJ Policy 328, Investigations; SCDJJ Policy 326, Reporting Events; and SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline. [PREA Standard(s) §115.351 (g).

115.378 (g)-2 SCDJJ If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

According to the Facility Administrator, the agency prohibits all sexual activity between youth.

See 115.378 (g)-1.

Evidence relied upon:

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> 2. Interview with the Facility Administrator 3. Interview with a medical practitioner 4. Interview with a mental health practitioner 5. SCDJJ Policy 323 Isolation of Youth, Section G., Conditions and Access to Services, Subsection 2, (effective 11/15/23) pages 10-11. 6. SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline (effective 04/21/2021) pages 1-13. 7. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19. <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. MEC will upload a select sample of records of disciplinary actions or investigative documentation against youth for sexual conduct with staff, if applicable. 2. MEC will provide investigative reports and documentation of disciplinary sanctions imposed. 3. MEC will provide a selected sample of investigative reports and additional records of disciplinary actions against residents for sexual conduct with staff. <p>Clarification:</p> <ol style="list-style-type: none"> 1. 115.378 (e)-1 This Auditor found no evidence to support compliance with this substandard, which requires clarification or corrective action. A select sample of records of disciplinary actions against residents for sexual conduct with staff, if applicable. 2. 115.378 (a)-3 SCDJJ In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 14. Clarification. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor’s analysis and reasoning, and the Auditor’s conclusions.</p>
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.381 (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

115.381 (a)-1 SCDJJ All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section F., Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities (effective 05/06/2021) pages 5-6.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section b., Sexually Aggressive Youth, Subsection 3E. (effective 05/06/2021) page 8, states that if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information.

SCDJJ Policy 336 Application of the PREA Standards, Section H. Medical, and Health Care (effective 05/06/2021) Page 9. states that youth will be screened for prior sexual abuse, victimization, and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments [PREA Standard(s) §115.381.

115.381 (a)-2 A follow-up meeting is offered within 14 days of the intake screening. Yes.

115.381 (a)-3 In the past 12 months, the percent of youth who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: blank.

In a review of VVSAS forms sampled from the prior 12-month period, this Auditor identified four youths who reported prior victimization. Residents who Disclose Sexual Victimization at Risk Screening four were interviewed during the onsite portion of this audit. This Auditor asked each youth, when MEC staff heard that you had been sexually abused, did he or she ask if you wanted to meet with a doctor (medical or mental health care practitioner)? All youth responded yes.

115.381 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above-required services. Yes.

The Auditor reviewed a select group of secondary medical and mental health materials (26) along with the SCDJJ Vulnerability of Victimization of Sexual Abuse Screener (VVSAS). None of the sampled youth VVSAS forms indicated instances of

sexual victimization or sexual abusiveness. However, many youths' archived data reveal a history of physical violence. Based on investigative documents reviewed, this Auditor confirmed that youth who alleged sexual abuse were offered follow-up meetings with medical and mental health practitioners.

Staff responsible for risk screening were asked if they obtained informed consent from youth before reporting prior sexual victimization that did not occur in an institutional setting. The staff responded, "Yes." Furthermore, informed consent is obtained during the intake process for youth under 18.

115.381 (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (b)-1 SCDJJ All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

See 115.381 (a)-1.

115.381 (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (c)-1 Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Yes.

SCDJJ Policy 124 Confidentiality and Release of Juvenile Information, Section C., Release of Records Procedures (effective 04/16/2020), pages 10-11.

Staff responsible for risk screening were asked if victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. She responded, "Yes."

The Auditor reviewed a select group of secondary medical and mental health materials (26) along with the SCDJJ Vulnerability of Victimization of Sexual Abuse Screener (VVSAS). None of the sampled youth VVSAS forms indicated instances of sexual victimization or sexual abuse. However, many youths' archived data reveal a history of physical violence. Based on investigative documents reviewed, this Auditor confirmed that youth who alleged sexual abuse were offered follow-up meetings with medical and mental health practitioners.

115.381 (d): Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

115.381 (d)-1 SCDJJ Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

SCDJJ Policy 124 Confidentiality and Release of Juvenile Information, Section C., Release of Records Procedures (effective 04/16/2020), pages 10-11.

Through interviews with a medical and mental health practitioner, each confirmed that during the intake process, informed consent is obtained from all youth before reporting prior sexual victimization that did not occur in an institutional setting.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021).
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021).
4. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021).
5. SCDJJ Policy 124 Confidentiality and Release of Juvenile Information (effective 04/16/2020).
6. Interview with a youth who disclosed during interviews a history of victimization (4).

Corrective Action:

1. Upload/select consent documentation/logs obtained from residents over 18, if applicable.
2. 115.381 (a)-3 In the past 12 months, the percentage of youth who disclosed
3. Prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: blank. MEC will provide data as required in the PAQ if applicable.

Conclusion:

To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through analysis. The facility addressed any deficiencies identified either before or during the corrective action period to achieve full compliance with the standard.

115.382	Access to emergency medical and mental health services
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1469 499">115.382 (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="279 539 1417 611">115.382 (a)-1 SCDJJ Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Yes.</p> <p data-bbox="279 651 1369 723">SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.</p> <p data-bbox="279 763 1437 880">115.382 (a)-2 SCDJJ The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Yes.</p> <p data-bbox="279 992 1369 1064">SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.</p> <p data-bbox="279 1176 1442 1417">115.382 (a)-3 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Yes.</p> <p data-bbox="279 1458 1469 1615">During this audit, a medical practitioner was interviewed and asked if youth victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and intervention services. The medical practitioner responded, "Yes." The practitioner describes her interpretation of "timely" as "immediate."</p> <p data-bbox="279 1655 1461 1727">Furthermore, the same practitioner confirmed that the nature and scope of medical services are determined according to her professional judgment.</p> <p data-bbox="279 1767 1481 2054">During this audit, a mental health practitioner was interviewed and asked if youth victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and intervention services. The mental health practitioner responded, "Yes." The mental health practitioner explained that the term timely means "immediate." Furthermore, the same practitioner confirmed that the nature and scope of mental health services are determined according to professional judgment.</p>

No youth who reported sexual abuse were interviewed. MEC serves as an evaluation facility with a dynamic population. Additional secondary materials detailing access to medical and mental health services were examined from select investigative reports. The Auditor found that medical and mental health practitioners assessed youth victims of sexual abuse within 24 hours of notification of the incident. Supporting documents for this finding include the PREA Investigative Checklist, the Referral for MH Emergency and Crisis Intervention, the reasons for the referral, and Section B: Crisis Assessment. The Crisis Assessment consists of:

- Identify the victim's level of risk.
- Determination of the course of action based on the victim's
- Recommendations
- Signature and Title to the Medical Practitioner conducting the assessment.

115.382 (b): If no qualified medical or mental health practitioners are on duty when a recent abuse report is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and immediately notify the appropriate medical and mental health practitioners.

A security staff first responder was interviewed during this audit. The first responder described what actions she would take following an allegation of sexual abuse, such as:

- Separating the victim from the perpetrator
- Ensure the victim does not brush his teeth, change clothes, or shower.
- Ensure the perpetrator does not brush his teeth, change clothes, or shower.
- Notify a supervisor

A non-security staff first responder was interviewed during this audit. The first responder described what actions would be taken following an allegation of sexual abuse, such as:

- Separating the victim from the perpetrator
- Notify a shift supervisor
- Ensure the victim does not brush his teeth, change clothes, or shower.

Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners is required, see 115.382 (a)-3.

115.382 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care, where medically appropriate.

115.382 (c)-1 Resident victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care, where medically appropriate. Yes.

For a review of the applicable policies, see 115.382 (a)-1. For documentation demonstrating immediate notification of the appropriate medical and mental health practitioners, see 115.382 (a)-3.

During separate interviews, a medical and mental health practitioner confirmed that victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

No youth who reported sexual abuse were interviewed. MEC serves as an evaluation facility with a dynamic population. Additional secondary materials detailing access to medical and mental health services were examined from select investigative reports. The Auditor found that medical and mental health practitioners assessed youth victims of sexual abuse within 24 hours of notification of the incident. Supporting documents for this finding include the PREA Investigative Checklist, the Referral for MH Emergency and Crisis Intervention, the reasons for the referral, and Section B: Crisis Assessment. The Crisis Assessment consists of:

Level of risk

Determination

Recommendations

Signature and Title to the Medical Practitioner conducting the assessment.

115.382 (d): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

115.382 (d)-1 SCDJJ Treatment services are provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection 3, (effective 05/06/2021), page 10.

During the onsite portion of this audit, the Auditor interviewed a medical practitioner who confirmed that a victim of sexual abuse would not incur financial cost for treatment, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

	<p>This audit found that a youth was transported to a local hospital for treatment and a SANE examination without incurring any financial cost. See ER-130811 for more information.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2. 3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/ 06/ 2021) page 11. 4. SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection (effective 05/05/2021), page 10. 5. Interview with a medical practitioner 6. Interview with a mental health practitioner 7. Examination of a select sample of investigations 8. Examination of secondary materials (e.g., PREA Investigative Checklist and Referral for Mental Health Emergency and Crisis Intervention) 9. Investigation ER-130811. <p>Conclusion:</p> <p>The narrative outlines all the evidence in determining compliance or non-compliance, along with the Auditor's analysis, reasoning, and conclusions.</p>
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.383 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>115.383 (a)-1 SCDJJ The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Yes.</p>

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

115.383 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

During the audit process, a medical practitioner was interviewed for this audit. The medical practitioner was asked what the evaluation and treatment of a youth who has been victimized entailed. The medical practitioner responded:

- Contact the doctor on call
- Treat life-threatening injuries
- Stabilize the victim
- Manage transport logistics to a local hospital
- Provide follow-up medical care as indicated in the doctor's orders

A mental health practitioner was interviewed for this audit during the audit process. The practitioner confirmed that a mental health evaluation is conducted on all known youth-on-youth abusers, and the facility offers treatment if appropriate. The mental health practitioner was asked what the assessment and treatment of a youth who has been victimized entails. The medical health practitioner responded:

- Conduct a Crisis Assessment
- Provide emotional support
- Provide Crisis Intervention
- Determine the victim's level of risk

The medical and mental practitioners confirmed that health services are consistent with the community level of care. Further, the same practitioner confirmed that victims are provided with this information and access to services as soon as health services are notified of an incident of sexual abuse. MEC is a male facility; therefore, zero females are assigned.

MEC serves as an evaluation facility with a dynamic population. Additional secondary materials detailing access to medical and mental health services were examined from select investigative reports. The Auditor found that medical and mental health practitioners assessed youth victims of sexual abuse within 24 hours of notification of the incident. Supporting documents for this finding include the PREA Investigative Checklist, the Referral for MH Emergency and Crisis Intervention,

the reasons for the referral, and Section B: Crisis Assessment. The Crisis Assessment consists of:

- Determine the victim's level of risk.
- Make recommendations to address the level of risk
- Signature and Title to the Medical Practitioner conducting the assessment.
- Follow-up care, if needed

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

The medical and mental practitioners confirmed that health services are consistent with the community level of care.

Medical records or secondary documentation demonstrating that victims receive medical and mental health services consistent with the community level of care were documented. No youth who reported sexual abuse were interviewed. MEC serves as an evaluation facility with a dynamic population. Additional secondary materials detailing access to medical and mental health services were examined from select investigative reports. The Auditor found that medical and mental health practitioners assessed youth victims of sexual abuse within 24 hours of notification of the incident. Supporting documents for this finding include the PREA Investigative Checklist, the Referral for MH Emergency and Crisis Intervention, the reasons for the referral, and Section B: Crisis Assessment. The Crisis Assessment consists of:

- Determine the victim's level of risk.
- Make recommendations to address the level of risk
- Signature and Title to the Medical Practitioner conducting the assessment
- Follow-up care, if needed

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. N/A.

115.383 (d)-1 SCDJJ Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. N/A all-male facility.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (e)-1 SCDJJ If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. N/A.

115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (f)-1 SCDJJ Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Yes.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

115.383 (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

By examining ER-130811, this Auditor determined that MEC offered tests for sexually transmitted infections as medically appropriate.

115.383 (g)-1 SCDJJ Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Yes.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

By examining ER-130811, this Auditor determined that MEC provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.383 (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

115.383 (h)-1 SCDJJ The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/06/2021) page 11.

According to a mental health practitioner interviewed during the onsite portion of this audit, MEC attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and

	<p>offers treatment when deemed appropriate by mental health practitioners.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care (effective 05/06/2020) pages 1-2. 3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, (effective 05/ 06/ 2021) page 11. 4. Interview with a medical practitioner 5. Interview with a mental health practitioner 6. Examination of mental health records or secondary documentation that demonstrates evaluations 7. Examination of a select sample of investigative records <p>Conclusion:</p> <p>The narrative outlines all the evidence considered in determining compliance or non-compliance, along with the Auditor's analysis, reasoning, and conclusions.</p>
--	--

115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.386 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>115.386 (a)-1 SCDJJ The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Yes.</p> <p>SCDJJ Policy 336 Application of the PREA Standards, Section I., Data Collection and Review (effective 05/06/2021) page 10.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.</p> <p>Documentation for a select sample of finalized criminal or administrative inquiries</p>

into sexual abuse was omitted before the submission of the interim report. Incident reviews of all closed sexual abuse allegations were excluded from evidence to confirm compliance with this standard. This substandard requires corrective action.

115.386 (a)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 6.

115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

115.386 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Yes.

This Auditor examined multiple medical records and secondary documentation that demonstrate victims receive follow-up services (e.g., discharge summaries, lab tests completed, lab tests in progress, medication administered, Suicide Crisis Line-Safe Harbor contact information (800-291-2139), and when necessary, referrals for continued care.

115.386 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. A review of the list of incidents/grievances related to sexual abuse and sexual harassment provided by MEC indicates the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents, as six (6).

Documentation for a select sample of finalized criminal or administrative inquiries into sexual abuse was omitted. Incident reviews of all closed sexual abuse allegations were excluded from evidence for compliance determination. Additional documentation of completed criminal or administrative investigations of sexual abuse was omitted. This substandard requires corrective action.

115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (c)-1 The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Yes.

SCDJJ Application of PREA Standards, Section I., Data Collection and Review, Subsection 2., (effective 05/06/2021) page 10.

During the audit, the Facility Administrator was interviewed and asked whether the facility has a sexual abuse incident review team. The Superintendent confirmed, "Yes." Also, do you know if the incident review team includes upper-level management officials and facilitates input from line supervisors, investigators, and

medical or mental health professionals? The Facility Administrator replied, "Yes." How does the team utilize the information from the sexual abuse incident review? The team evaluates the location and timing of the incident, staffing levels, the necessity for extra cameras, motivations for the incident, such as gender identity, race, or gang affiliation, and the requirement for enhanced monitoring technology.

Documentation of review team minutes or reports for all substantiated or unsubstantiated allegations of sexual abuse was omitted by the SCDJJ before submission of the interim report.

115.386 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

115.386 (d)-1 SCDJJ The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Yes.

SCDJJ Application of PREA Standards, Section I., Data Collection and Review, Subsection 2., (effective 05/06/2021) page 10. See 115.386 (c)-1.

During the audit, the Auditor interviewed a member of the incident review team. She confirmed being a member of the incident review team. Further, she was asked if the incident review team considers:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. She responded, "Yes."

(2) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or whether it was motivated or otherwise caused by other group dynamics at the facility. She responded, "Yes."

(3) Examine the area in the facility where the incident allegedly occurred to

assess whether physical barriers in the area may enable abuse; she responded yes.

(4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. She responded yes.

The Auditor also interviewed the PREA Compliance Manager regarding this standard. When asked if the facility conducts a sexual abuse incident review, the PCM responded, "Yes." Does the facility prepare a report of its findings from the review, including any determinations per standard 115.386 (d) 81 through (d) 85 and any recommendations for improvement? (115.386). The PCM's response was, Yes." The PCM is a member of the review committee. According to the PCM, the committee meeting is documented on SCDJJ Form 321B, SCDJJ Sexual Abuse and Sexual Harassment, and Incident Review Form, which is forwarded to the Facility Administrator with recommendations if applicable.

115.386 (e): The facility shall implement the recommendations for improvement or document its reasons for not doing so.

During an interview with the Facility Administrator, who chairs the incident review committee meeting, he confirmed that if he were unable to attend, he would assign a designee and later review the committee's recommendations. The Facility Administrator shall implement the suggestions for improvement or document his reasons for not doing so.

This Auditor reviewed incident ER-133178, which occurred on 3/29/24. The investigation ended on 8/16/24, and the committee met on 9/16/24. The Facility Administrator was part of the review committee. Staffing issues were identified as contributing factors, including awareness of youth repeatedly involved in PREA incidents. (30 days)

This Auditor reviewed incident ER-133281, which occurred on 3/30/2024. The investigation closed on 4/25/24, and the committee met on 9/16/24. The Facility Administrator was part of the review committee. Staffing issues were identified as contributing factors, including awareness of youth repeatedly involved in PREA incidents. (144 days)

115.386 (e)-1 SCDJJ The facility implements the recommendations for improvement or documents its reasons for not doing so. Yes.

SCDJJ/MEC acknowledges staffing challenges. All reports recommend more staff, and the Facility Administrator agrees. An internet search and informal staff interview confirm SCDJJ's efforts to improve staffing levels for better sexual safety. Documentation includes the SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form.

Evidence relied upon:

1. Pre-audit questionnaire

	<ol style="list-style-type: none"> 2. SCDJJ Policy 336 Application of the PREA Standards, Section I., Data Collection and Review (effective 05/06/2021) page 10. 3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16. 4. SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form 5. Interview with the Facility Administrator 6. Interview with the PREA Compliance Manager 7. Interview with a member of the Incident Review Team <p>Corrective Action:</p> <p>115.386 (a)-1 Documentation for a select sample of finalized criminal or administrative inquiries into sexual abuse was omitted. Incident reviews of all closed sexual abuse allegations were excluded from evidence for compliance determination.</p> <p>MEC will re-train staff regarding this standard and the mandate to conduct an incident review for all allegations of sexual abuse determined to be substantiated and unsubstantiated.</p> <p>115.386 (b)-1 The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.</p> <p>This Auditor reviewed incident ER-133281, which occurred on 3/30/2024. The investigation closed on 4/25/24, and the committee met on 9/16/24. The Facility Administrator was part of the review committee. Staffing issues were identified as contributing factors, including awareness of youth repeatedly involved in PREA incidents. (144 days)</p> <p>MEC will re-train staff regarding this standard and the mandate to conduct an incident review for all allegations of sexual abuse determined to be substantiated and unsubstantiated.</p> <p>Conclusion:</p> <p>After corrective action, MEC met the requirements of this standard. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion includes corrective action recommendations where the facility does not meet the standard.</p>
--	--

115.387	Data collection
---------	-----------------

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>PAQ 115.387 (a)-1 SCDJJ collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions instrument and set of definitions.</p> <p>SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) pages 1-13.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.</p> <p>321A, Attachment General Definitions for PREA Standards set of definitions (effective 03/2022)</p> <p>115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>115.387 (b)-1 The agency aggregates the incident-based sexual abuse data at least annually. Yes.</p> <p>By examination of SCDJJ PREA Data 2022 and 2023 aggregated data, this Auditor confirmed compliance with this substandard.</p> <p>115.387 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>PAQ 115.387 (c)-1 SCDJJ The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.</p> <p>SCDJJ Policy 336 Application of PREA Standards, Section I., Data Collection and Review (effective 05/06/2021) page 10.</p> <p>SCDJJ Policy 336 Application of PREA Standards, Section J., Data Collection (effective 05/06/2021) page 10.</p> <p>115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>PAQ 115.387 (d)-1 SCDJJ The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p>
--	--

	<p>See 115.387 (c)-1.</p> <p>115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. See 115.387 (c)-1.</p> <p>115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>115.387 (f)-1 Upon request, the agency provided the Department of Justice (DOJ) with data from the previous calendar year. Yes.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16. 3. SCDJJ Policy 336 Application of PREA Standards, Section I., Data Collection and Review (effective 05/06/2021) page 10. 4. SCDJJ Policy 336 Application of PREA Standards, Section J., Data Collection (effective 05/06/2021) page 10. 5. SCDJJ PREA Data 2022 and 2023 aggregated data 6. 321A, Attachment General Definitions for PREA Standards set of definitions (effective 03/2022) <p>Conclusion:</p> <p>The narrative details a thorough discussion of the evidence supporting the determination of compliance or noncompliance, along with the Auditor's analysis, reasoning, and conclusions.</p>
--	---

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.388 (a): The agency confirms "Yes" that it reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p>

115.388 (a)-1 The agency confirms "yes" reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Prepare an annual report of findings from its data review and any corrective actions for each facility and the agency.

SCDJJ Policy 336 Application of PREA Standards, Section J. (effective 05/06/2021) page 10.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.

During the audit, the Agency Head's designee was interviewed about how the agency utilizes incident-based sexual abuse data to evaluate and enhance policies, practices, and training related to the prevention, detection, and response to sexual abuse. The designee stated that data helps identify areas for policy enhancement, guides facilities in addressing corrective actions, and aids in problem-solving to improve service delivery for our youth.

During an interview with the Validation Administrator/PREA Coordinator, she was asked if the agency reviews data collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The PC responded, "Yes." SCDJJ uses data to enhance the sexual safety of all youth. When necessary, the agency takes corrective action and prepares an annual report of findings from its data review and any corrective actions for each facility and the agency as a whole.

PREA Compliance Manager confirms collecting data, which is used to improve and monitor the sexual safety of youth in the facility. MEC will submit evidence to support this standard.

115.388 (b): This report shall compare the current year's data and corrective actions with those from prior years and assess the agency's progress in addressing sexual abuse.

115.388 (b)-1 The annual report compares the current year's data and corrective actions with those of prior years. Yes.

115.388 (b)-2 The annual report assesses the agency's progress in addressing sexual abuse.

The 2023 annual report of findings from data reviews/corrective actions was delayed. The 2022 report did not compare the current year's data and corrective actions with those of prior years. MEC will submit data in accordance with this standard for review by the Auditor to determine compliance.

115.388 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

PAQ 115.388 (c)-1 SCDJJ The agency makes its annual report readily available to the public at least annually through its website. See 115.388 (b)-2. SCDJJ makes the annual report available to the public at <https://djj.sc.gov/sites/djj/files/Documents/-PREA%20PDFs/2023%20PREA%20Annual%20Report.pdf>.

115.388 (c)-2 If NO, the agency makes it available through other means. Not applicable.

115.388 (c)-3 The annual reports are approved by the agency head. Yes.

During an interview with the Agency Head (designee), she confirmed that the Agency Head reviewed and approved the annual report before publication.

115.388 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

115.388 (d)-1 When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the facility's safety and security. Yes.

By examining the annual report on the SCDJJ website, this Auditor confirmed that the report includes a report of findings from data reviews/corrective actions on pages 1-7, South Carolina Department of Juvenile Justice, PREA Annual Report 2023.

115.388 (d)-2 The agency indicates the nature of the material redacted. Yes.

See 115.388 (d)-1.

During her interview, the Validation Administrator/PREA Coordinator was asked what types of material are typically redacted from the annual report and whether the agency would indicate the nature of a redaction if needed. The Validation Administrator/PREA Coordinator reported sensitive personal information about youth or specific staff. The agency would, if needed, indicate the nature of a redaction.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 336 Application of PREA Standards, Section J., (effective 05/06/2021) page 10.
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.
4. Interview with the Agency head (designee)

	<ol style="list-style-type: none"> 5. Interview with the PREA Compliance Manager 6. Interview with the Validation Administrator/PREA Coordinator 7. South Carolina Department of Juvenile Justice, PREA Annual Report 2023, with corrective action 8. South Carolina Department of Juvenile Justice, PREA Annual Report 2022 9. Internet search SCDJJ <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. Documentation of corrective action plans was omitted. 2. The 2023 annual report of findings from data reviews/corrective actions was omitted. 3. The 2022 report did not compare the current year's data and corrective actions with those of prior years. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
--	---

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>PAQ 115.389 (a)-1 SCDJJ The agency ensures that incident-based and aggregate data are securely retained.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.</p> <p>SCDJJ Policy 123 Retention and Disposition of Departmental Records (effective 10/09/2019) pages 1-4.</p> <p>During an interview with the Validation Administrator/PREA Coordinator, the Auditor inquired whether the agency reviews the data collected and compiled according to §115.387 to evaluate and enhance its policies and training regarding the prevention,</p>

detection, and response to sexual abuse. The Validation Administrator/PREA Coordinator confirmed this practice. She also noted that sensitive data is protected through password security of personally identifiable information (PII) and by restricting access to this information. Additionally, the Auditor asked if the agency continually takes corrective actions based on this data, which the Validation Administrator/PREA Coordinator affirmed.

RECORD STORAGE

During the site review, the Auditor:

1. Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA Standards (e.g., risk screening information, medical records, sexual abuse allegations).
2. Physical files containing sensitive PII were observed in secure areas with locks on doors and locking file cabinets (e.g., key card, lock, and key). Observe electronic safeguards in medical, administration, and intake of any information/documentation collected and maintained electronically pursuant to the PREA Standards (e.g., risk screening information)
3. Observed how access to the information is secured with password protection and limited access to PII.

115.389 (b): The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

PAQ 115.389 (b)-1 SCDJJ Agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts to be made readily available to the public, at least annually, through its website.

See 115.389 (a)-1.

115.389 (b)-2 The agency makes it available through other means. Not applicable.

By examination, this Auditor confirmed that sexual abuse data is located on the agency's public webpage.

115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

115.389 (c)-1 Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Yes.

115.389 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

PAQ 115.389 (d)-1 SCDJJ The agency maintains sexual abuse data collected

	<p>pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16.</p> <p>SCDJJ Policy 123 Retention and Disposition of Departmental Records (effective 10/09/2019) pages 1-4.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section K., Data Collection, Compilation, and Reporting (effective 05/06/2021) page 16. 3. SCDJJ Policy 123 Retention and Disposition of Departmental Records (effective 10/09/2019) pages 1-4. 4. Interview with Validation Administrator/PREA Coordinator 5. Internet search of SCDJJ webpage for sexual abuse data 6. Facility Tour and Site Review, Record Storage <p>Conclusion:</p> <p>The narrative above examines the evidence used to reach the compliance or noncompliance decision and the Auditor's analysis, reasoning, and conclusions.</p>
--	---

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>115.401 (h): The auditor shall have access to, and shall observe, all areas of the audited facilities, yes.</p> <p>115.401 (i): The auditor shall be permitted to request and receive copies of any</p>

	<p>relevant documents (including electronically stored information). Yes.</p> <p>115.401 (m): The auditor shall be permitted to conduct private interviews with residents. Yes.</p> <p>115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. yes.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Internet search 3. Review the agency's records to ensure that one-third of each facility type has been audited <p>Conclusion:</p> <p>To ensure full compliance with the standard, the Auditor considered PREA documentation, corrective actions, relevant policies, on-site observations, the facility tour, facility practices, staff interviews (both specialized and random), interviews with youth (random and targeted), and the pre-audit questionnaire specific to this standard through a triangulated process. The facility addressed any deficiencies identified either prior to or during the corrective action period to achieve full compliance with the standard.</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.403 (f): The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Internet search SCDJJ webpage <p>Conclusion:</p> <p>The narrative above includes a discussion of all the evidence relied upon in making the compliance or noncompliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.</p>

--	--

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	no
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	no
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	no
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	no
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	no
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	no
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	no
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	no
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	no
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes